

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 10 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 762703**

1. Corporation Name

HALSTEAD CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

7830 NW 33RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7830 NW 33RD STREET

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33024

Country

Zip

33024

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/01/1982

5. FEI Number

59-2219154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

02

7. Name and Address of Current Registered Agent

Name

FRIZELL J MOORE

Street Address (P.O. Box Number is Not Acceptable)

7830 NW 33RD STREET

400009433124

12/10/02--01044--003 \*\*26.25

Suite, Apt. #, Etc.

203

City

DAVIE,

State  
FL

Zip Code

33204

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Frizell J Moore*  
REGISTERED AGENT MUST SIGN

Date 12/06/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANA VELEZ	7830 NW 33RD STREET APT. 203	DAVIE, FL 33024
T/D	FRIZELL J MOORE	7830 NW 33RD STREET APT. 203	DAVIE, FL 33024
S/D	JOHN VARGAS	7830 NW 33RD STREET APT. 101	DAVIE, FL 33204
D	LINDA MAGLEY	7830 NW 33RD STREET APT. 201	DAVIE, FL 33024
D	DENISE BOSWELL	7830 NW 33RD STREET APT. 507	DAVIE, FL 33024
D	DAVID DAVIDSON	7830 NW 33RD STREET APT. 407	DAVIE, FL 33024

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Frizell J Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRIZELL J. Moore 12/6/02 (984) 438-1913

Date

Daytime Phone #

CR2E081 (9/01)

B