

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 12 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762703

1. Corporation Name
HALSTEAD CONDOMINIUM ASSOCIATION, Inc.

REINSTATEMENT 07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
7830 NW 33 ST

Suite, Apt. #, etc.
Apt 207

City & State
Davie FL

Zip
33024

County
Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
1982

5. FEI Number
59-2219154

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED SEE THE INSTRUCTIONS FOR REQUIREMENTS FOR A CERTIFICATE OF STATUS

7. Name and Address of Current Registered Agent

Name
Law Offices of Brough, Chadrow & Levine P.A.

Street Address (P.O. Box Number is Not Acceptable)
1900 N. Commerce Parkway

Suite, Apt. #, Etc.

City
Weston

State
FL

Zip Code
33326

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
[Signature]

Date
11/9/07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	David Davidson	7830 NW 33 Apt 407	Dave FL 33024
TD	Dominick Maragni	" Apt 207	" "
SD	MaryAnn Franklin	" Apt 208	" "
D	Cynthia Deaton	" Apt 308	" "

[Signature] 10/15

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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 contained in Chapter 119, 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: *[Signature]* 10-4-07 954-914-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #