PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV 13 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766540

REINSTATEMENT 98-01

1. Corporation Name
University Village East Condominiums Recreation Supervisory Board of Administrations, Inc.

2. Principal Office Address	**3.** Mailing Office Address
c/o Royal Property Management 8317 W. Atlantic Blvd	c/o Royal Property Management 8317 W. Atlantic Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL 33071
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/82

5. FEI Number: 650229862 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KAYE & Roger PA

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-12/19/01--01045--017
****420.00 ****420.00

Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6th Way
Suite, Apt. #, Etc.: Suite 103
City: Ft. Lauderdale FL 33309 — State: FL — Zip Code: 33309

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: _____ Date: 11/12/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D	Luis E. Roman	2700 S. University Dr., #3B	Davie, FL 33328
D	Ernesto Nogueras	2700 S. University Dr., #1B	Davie, FL 33328
D	Robert Moore	2774 S. University Dr. #10C	Davie, FL 33328
D	Pat Wolf	2780 S. University Dr., #6A	Davie, FL 33328

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)(i), 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: Luis E. Roman — LUIS E. ROMAN — 11-1-2001 — (954)916-1869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #