

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -6 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03067**

1. Corporation Name

TURNPIKE COMMERCIAL PLAZA, PHASE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% WAYNE HORWITZ CPA
3511 W. COMMERCIAL BLVD., SUITE #02
FORT LAUDERDALE FL 33309

% WAYNE HORWITZ CPA
3511 W. COMMERCIAL BLVD., SUITE #02
FORT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

05/14/1984

5. FEI Number

59-2515088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LOBIONDO, SAL	1791 BLOUNT RD. #704 #812	POMPANO BEACH FL
TD	GOLDSTEIN, CATHY	1791 BLOUNT RD #720	POMPANO BEACH FL
SD	VAN HEDEN, PAUL	1791 BLOUNT RD. #805	POMPANO BEACH FL
VD	MUCCIACCIARO, DOMINIC	1791 BLOUNT ROAD #	POMPANO BEACH FL
D	ARBANAS, TONY	1791 BLOUNT ROAD #1002	POMPANO BEACH FL
SD	SALVO, PAUL	1791 BLOUNT ROAD #914	POMPANO BEACH, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HORWITZ, WAYNE CPA
3511 W. COMMERCIAL BLVD.
SUITE #402
FORT LAUDERDALE FL 33309

Name

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

800003071728--6

Suite, Apt. #, Etc.

-12715799--01096--008

City

***236.25 ***236.25

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature] CPA

REGISTERED AGENT MUST SIGN

Date 11-29-99

11. 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:

[Signature]
SALVATORE LOBIONDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-99-954-9795459

CR2000 (8/99)

KE