

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
12 MAR 21 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000611721

1. Corporation Name

McNab Commerce Center  
Condominium Association, INC

800224789588  
03/14/12--01030--009 \*\*420.00

2. Principal Office Address - No P.O. Box #

401 SE 3<sup>RD</sup> AVE

3. Mailing Office Address

401 SE 3<sup>RD</sup> AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Pompano Beach, FL

City & State

Pompano Beach FL.

Zip

33060

Country

U.S.A.

Zip

33060

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

11-18-2005

5. FEI Number

20-4329237

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 Roberta Lett

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

401 SE 3<sup>RD</sup> AVE

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

**REINSTATEMENT**

2009/12

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

Roberta Lett

REGISTERED AGENT MUST SIGN

Date 03-09-2012

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
PRES	WAYNE JENKINS	1530 SW 7 AVE	Pompano Beach, FL 33060
V.P.	DALE LETT	1538 SW 7 AVE	Pompano Beach, FL 33060
SECT	JEANNIE SOMERVILLE	1540 SW 7 AVE	Pompano Beach, FL 33060
TRES	ROBERTA LETT	401 SE 3 AVE	Pompano Beach, FL 33060
			S. HAWKES

10. E-mail Address: MASTERGRASS1@YAHOO.COM

(To be used for future annual report notification)

MAR - 2012

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, F.S., and that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0505, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Roberta Lett

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-2012

Date

Deutima Phone #

**EXAMINER**