

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Oct 10, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # N06000000249

1. Corporation Name

Barclay Square Homeowners' Association, Inc.

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #  
13794 NW 4th Street

3. Mailing Office Address  
13794 NW 4th St.

CR2E081 (10/08)

Suite, Apt. #, etc.  
200

Suite, Apt. #, etc.  
200

4. Date Incorporated or Qualified  
To Do Business in Florida 01/09/2006

City & State  
Sunrise, FL

City & State  
SUNRISE FL

5. FEI Number  
20-4827615

Applied For  
Not Applicable

Zip Country  
33325 USA

Zip Country  
33325 USA

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

7. Name and Address of Current Registered Agent

Name  
Angel Montoto

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.

Street Address (P.O. Box Number is Not Acceptable)  
13794 NW 4th Street

Suite, Apt. #, Etc.  
200

City State Zip Code  
Sunrise FL 33325

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 REGISTERED AGENT MUST SIGN

Date 10/01/08

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
PD	Michael T. Montero	13794 NW 4th Street #200	Sunrise, FL 33325
VSD	Edgar Hidalgo	13794 NW 4th Street #200	Sunrise, FL 33325
VTD	Angel Montoto	13794 NW 4th Street #200	Sunrise, FL 33325

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/08

Date

954-837-0456

Daytime Phone #

OC 10/10