

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 30 AM 8:28

DOCUMENT # **N06000006877**

1. Corporation Name  
**HAMPTON PROFESSIONAL CONDO No. 6 ASSOCIATION, INC.**  
**WI-20615**

2. Principal Office Address - No P.O. Box #  
**1911 NW 150 AVE**  
Suite, Apt. #, etc. **202**

3. Mailing Office Address  
City & State  
**PEMBROKE PINES, FL**  
Zip  
**33028**

**200178048972**  
**04/27/10--01017--013 \*\*183.75**

**REINSTATEMENT 08-10** KS

1. Date Incorporated or Qualified To Do Business in Florida **6-26-06**

5. FEI Number **68-0637539** 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 **TONY CHINYE**

Street Address (P.O. Box Number is Not Acceptable)  
**1911 NW 150 AVE**

Suite, Apt. #, Etc. **202**

City **PEMBROKE PINES** State **FL** Zip Code **33028**

PROFIT CORPORATIONS ONLY

The \$600.00 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 **imChye** Date **4-21-10**

REGISTERED AGENT MUST SIGN

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	CASSELLS, Annette	1911 NW 150 AVE	PEMBROKE PINES, FL 33028
DS	PETER LOPEZ	✓	✓
DI	TONY CHINYE	✓	✓
D	CHRIS RICCI	✓	✓
D	FERNANDO DIACOSTA	✓	✓

10. E-mail Address: **INFO @ CHINYE . COM**  
(To be used for future annual report notification)

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. 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.

SIGNATURE: **imChye TONY CHINYE** Date **4/21/10** Daytime Phone # **954-431-7177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HAMPTON PROFESSIONAL CONDO #6 ASSOCIATION, INC.**  
1911 NW 150 AVENUE, SUITE 202  
PEMBROKE PINES, FL 33028

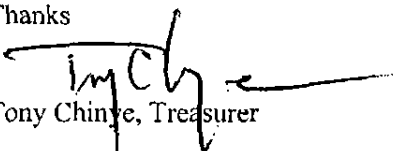
April 22, 2010

Division of Corporation  
Florida State

Dear Sir/Madam:

A reinstatement form for Hampton Professional Condo #6 is attached. You will note that we did not receive any notice of filing since the address on file is wrong. See attached. Please correct the address and reinstate our corporate status. In addition, my first name is spelled wrong as the registered agent.

Thanks

  
Tony Chinye, Treasurer