PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'96 OCT 28 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11627

1. Corporation Name

CONDOMINIUM OWNERS OF PEMBROKE PINES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13550 SW 10TH STREET PEMBROKE PINES FL 33027	13550 SW 10TH STREET PEMBROKE PINES FL 33027

REINSTATEMENT 96 OD

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

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/1985

5. FEI Number: 59-2564178 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD	HAHN, LUDWIG	~~801 SW 133RD TERR K213~~	~~PEMBROKE PINES FL~~
TD	HAHN, LUDWIG	~~750 SW 134TH WAY, B-202~~	~~PEMBROKE PINES FL~~
D	EVANS, THEODORE	~~13455 SW 3RD ST.~~	~~PEMBROKE PINES FL~~
PD	GERALD GELBMAN - D	1155 SW 118 TERR D405	Pembroke Pines FL 33027
VP D	EUGENE LADIN - D	13355 SW 16TH CT. #401E	PEMBROKE PINES, FL 33027
T D	LEON NEWLER - D	13701 S.W. 12TH ST A210	PEMBROKE PINES, FL 33027

8. Name and Address of Current Registered Agent

SACHS, PETER S.
ARDEN FINANCIAL CENTER
301 YAMATO ROAD STE 4150
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code

700001997287--9
-11/06/96--01025--023
****236.25 FL ****236.25

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] REQUIRED
REGISTERED AGENT MUST SIGN

Date: 10/04/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/25/96 Daytime Phone #: (954) 432-8864

CR2E040 (7/96)