

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0384

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

**CORPORATION REINSTATEMENT**

**THE TOWNHOMES AT DEERWOOD VILLAGE HOMEOWNERS' ASSOCI**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$612.50

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N11697

1. Corporation Name

The Townhomes at Deerwood Village Homeowners' Association, Inc.

2. Principal Office Address

12515 N. Kendall Drive

3. Mailing Office Address

SAME as Item # 2

Suite, Apt. #, etc.

Suite 430

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33183

Country

Dade

Zip

Country

REINSTATEMENT 97-03

4. Date Incorporated or Qualified To Do Business in Florida

10/21/1985

5. FEI Number

59-2787745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

25.00 Application Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

c/o CT Corporation System, 1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0603, F.S.

Signature of Registered Agent

*Joyce A. Gilbert*

JOYCE A. GILBERT  
ASSISTANT SECRETARY

Date

8-13-03

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
DP	Ronald A. Ratner	50 Public Square, Ste. 1160	Cleveland, OH 44113
DT	Edward Pelavin	50 Public Square, Ste. 1160	Cleveland, OH 44113
DS	James J. Prohaska	50 Public Square, Ste. 1160	Cleveland, OH 44113
AS	David J. Levey	50 Public Square, Ste. 1160	Cleveland, OH 44113

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 under section 119.07(3)(b), 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:

*James J. Prohaska*

James J. Prohaska, Director & Secretary 8/12/2003

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHECK 1 (10/03)