

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 APR -1 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N12023**

W977469

1. Corporation Name
Countryside at Welleby Homeowners Assoc., Inc.

Principal Place of Business Mailing Address
**2175P N. POWERLINE RD
 Pompano Bch, FL 33069**

REINSTATEMENT 89-97

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		4. Date Incorporated or Qualified To Do Business in Florida 11/12/85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2771164	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
Pres.	Gerald McClean JR D	3320 NW 101 AVE	SUNRISE, FL 33351
V/P	EDITH COZZI D	3364 NW 101 AVE	SUNRISE, FL 33351
2nd V/P	William H. BOGAN D	3328 NW 101 AVE	SUNRISE, FL 33351
Sec	DAVID BENZARON D	1950 S. Ocean Blvd #9F	HALLANDALE, FL 33009
Treas	LARRY SOLOMAN D	3325 NW 101 AVE	SUNRISE, FL 33351

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT C. WUNKER 1 E BROWARD BLVD #1210 BARNETT BANK BUILDING FT LAUDERDALE, 33301	Name GERALD McClean JR Street Address (P.O. Box Number is Not Acceptable) 3320 NW 101 AVE Suite, Apt. #, Etc. 400002131494--9 City SUNRISE State FL Zip Code 33351
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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: **Gerald McClean JR Pres.** Date: **2-24-97**
 REGISTERED AGENT MUST SIGN

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: **Gerald McClean JR Pres.** Date: **2-24-97 (554)** Daytime Phone #: **619 6225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)