

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

99 SEP 20 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12023**

1. Corporation Name

COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2175P N. POWERLINE RD.
POMPANO BCH. FL 33069

2175P N. POWERLINE RD.
POMPANO BCH. FL 33069



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2175 N. POWERLINE RD Suite, Apt. #, etc. #3 City & State POMPANO BCH, FL Zip 33069 Country USA		3. New Mailing Office Address, If Applicable 2175 N. POWERLINE RD. Suite, Apt. #, etc. #3 City & State POMPANO BCH, FL Zip 33069 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 11/12/1985	
5. FEI Number 59-2771164				Applied For Not Applicable	
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
PD	MCCLEAN, GERALD JR. CUTLER, MICHAEL	3320 N.W. 101 AVENUE 3306 NW 33 ST	SUNRISE FL 33351
VPD	GOZZI, EDITH DENOU, TCH, TARYN	3304 N.W. 101 AVENUE 3329 NW 101 AVE	SUNRISE FL 33351
VPD	BOGAN, WILLIAM H. RODRIGUEZ, HECTOR	3328 NW 101 AVENUE 1022B NW 33 PL	SUNRISE FL 33351
SD	BENZAKEN, DAVID BENZAKEN, DAVID	1950 S. OCEAN BLVD., #9F	HALLANDALE FL 33009
TD	SOLOMAN, LARRY	3325 N.W. 101 AVENUE	SUNRISE FL 33351

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLEAN, GERALD JR.
3320 N.W. 101 AVENUE
SUNRISE FL 33351

Name
SOLOMAN, LARRY
Street Address (P.O. Box Number is Not Acceptable)
3325 NW 101 AVE
Suite, Apt. #, Etc.
200002996822--7
City
SUNRISE
State
FL
Zip Code
33351-25

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
Larry Solomon
REGISTERED AGENT MUST SIGN

Date
9-2-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Larry Solomon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9-2-99
Daytime Phone #
954-969-0117