

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 27 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N12498 (4)

1. Corporation Name  
FREEDOM SQUARE CONDOMINIUM  
ASSOCIATION, INC.

Principal Place of Business Mailing Address  
700 FREEDOM CT. POB 9454  
DEERFIELD BEACH FL CORTA SPRINGS  
33442 FL 33075-9454

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

2. New Principal Office Address, If Applicable 2531 ARAGON BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
SUNRISE FL CORTA SPRINGS FL  
Zip Country Zip Country  
33322 USA 33322 USA

4. Date Incorporated or Qualified To Do Business in Florida 12/2/1985  
5. FEI Number 59-2621228 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED L Additional Fee required for a Certificate of Status

REINSTATEMENT 98-00

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	GEORGE BARKER	505 FREEDOM CT DEERFIELD BEACH FL	DEERFIELD BEACH, FL 33442
VP, D	BILL ANTAR	501 FREEDOM CT.	DEERFIELD BEACH FL 33442
S, D	MEL FORMAN	201 FREEDOM CT	DEERFIELD BEACH FL 33442
T, D	STAN SARNER	104 FREEDOM CT.	DEERFIELD BEACH FL 33442
			600003245016--9 05/09/00--01101--007 ****358.75 ****358.75

8. Name and Address of Current Registered Agent

Tracey S. Schnartman  
2531 Aragon Blvd  
Sunrise FL 33322

9. Name and Address of New Registered Agent

Name TRACEY S. SCHNARTMAN  
Street Address (P.O. Box Number is Not Acceptable) 2531 ARAGON BLVD  
Suite, Apt. #, Etc.  
City SUNRISE State FL Zip Code 33322

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] REGISTERED AGENT MUST SIGN Date

11. This corporation owes 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:

[Signature] WILLIAM ANTAR, Vice Pres.

4/21/00 951-748-6182  
Date Daytime Phone