

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 AM 10:32

DOCUMENT # **N19982**

1. Corporation Name

SHADY RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SMITH/MOSES ASSOC.
1500 CORDOVA RD #300
FT. LAUDERDALE FL 33316
US

1500 CORDOVA RD #300
FT. LAUDERDALE FL 33316
US



REINSTATEMENT

DD

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

2. New Principal Office Address, If Applicable

5411 S.W. 39th Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Zip
33312

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1987

5. FEI Number

65-0131065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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	4 City / State / Zip
PD	SWAIN, CHARLES Keye, Charles	5411 SW. 39th Ave 3811 LAUREL OAK WAY (5411 Shady Oak Lane)	FT LAUDERDALE FL 33312
VPD	DEMARGO, CARL Morris, Stephen	3801 LAUREL OAK LANE 5430 Shady Oak Lane	FT LAUDERDALE FL 33312
TD	GOLDSTEIN, SUSAN Lashbrook, Garth	5418 S.W. 39th Way 5440 Shady Oak Lane	FT LAUDERDALE FL 33312
S	SPINA, BONNIE Demarco, Linda	5421 SHADY OAK LANE 3901 Laurel Oak Way	FT LAUDERDALE FL 33312

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******245.00 ****245.00**

8. Name and Address of Current Registered Agent

SMITH, DANIEL
1500 CORDOVA RD #300
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

Charles N. Keye

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

5411 S.W. 39th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date

11/15/2000

11. 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)(l), 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.

AD

SIGNATURE:

Charles N. Keye

CHARLES N. KEYE

Date

11/15/2000

Daytime Phone #

954-985-1120

CR2E040 (8/00)