

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 23 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20722

1. Corporation Name
Spanish Spring Townhomes, Inc.

2. Principal Office Address
251 NE 16th Place

3. Mailing Office Address
P.O. Box 24823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip
33305

Country
USA

Zip
33307

Country
USA

300008544373
10/23/02--01043--003 **236.25

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **5/19/87**

5. FEI Number
650086181

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Steven Valancy

Street Address (P.O. Box Number is Not Acceptable)
Jennings + Valancy, PA

Suite, Apt. #, Etc:
311 S.E. 13 Street

City
Fort Lauderdale

State Zip Code
FL 33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-21-02**

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
Board Member	Stephen Weinstein	241 NE 16th Pl, #206	Ft. Lauderdale FL 33305
Board Member	Anne Plummer	241 NE 16th Pl, #201	Ft. Lauderdale, FL 33305
Board Member	Donna Taylor	261 NE 16th Pl. #303	Ft. Lauderdale FL 33305
Board Member	Sharon Stresau	200 NE 17th Ct. #806	Ft. Lauderdale FL 33305

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **October 16, 2002**
Daytime Phone #