

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

50 MAY 19 11:11:15

SECRETARY OF STATE
 2000 W. BERRY ST.
 TALLAHASSEE, FL 32399

DOCUMENT # **N 36898**

1. Corporation Name
Sable Pass Community Assoc., Inc.

Principal Place of Business Mailing Address

REINSTATEMENT 60-99

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

2. New Principal Office Address, If Applicable
3300 University Dr.
 Suite, Apt. #, etc.
#405
 City & State
Coral Springs, FL
 Zip
33065 USA

3. New Mailing Office Address, If Applicable
3300 University Dr.
 Suite, Apt. #, etc.
#405
 City & State
Coral Springs, FL
 Zip
33065 USA

4. Date Incorporated or Qualified To Do Business in Florida
3/1/90

5. FEI Number
65-0210499

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	2	3	4
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
PD	Diane Phillips	5911 NW 58 Terr.	Parkland, FL 33067
VD	Larry Cohen	5721 NW 62 St.	Parkland, FL 33067
TD	marisel Gartin	6120 NW 58 way	Parkland, FL 33067
SD	Katie Villani	5701 NW 60 St.	Parkland, FL 33067
D	Peter Prinzivalli	5910 NW 58 Terr	Parkland, FL 33067

400002882904-8
 -05/21/99 -01099-005
 297.50 Registered Agent297.50

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

Name
United Community Mgmt. Corp.
 Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr.
 Suite, Apt. #, Etc.
#405
 City
Coral Springs
 State
FL
 Zip Code
33065

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 **UNITED Community MGT. Corp.**
 REGISTERED AGENT MUST SIGN

Date **4/10/99**

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)(b), 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

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CR2E081 (1/2/98)