

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -7, PM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37721

W01-29371

1. Corporation Name

STIRLING POINTE HOMEOWNERS
ASSOCIATION, Inc.

2. Principal Office Address

4291
~~4205~~ NW 76th Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

4291
~~4205~~ NW 76th Avenue
Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

REINSTATEMENT 97-01

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1990

5. FEI Number

650206075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEIGH C. KATZMAN, ESQ

900004883219--1

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

KATZMAN + KORB, P.A.

-02706702--01051--010

****481.25 ****481.25

Suite, Apt. #, Etc.

5581 WEST OAKLAND PARK BOULEVARD, Second Floor

City

LAUDERHILL

State

FL

Zip Code

33313

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

1/02/02

900004883219--1

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

-02706702--01051--011

****481.25 ****481.25

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Cheryl Goldberg	4291 N.W. 76 Ave	Hollywood, FL 33024
SD	Audio H. Gil	4231 N.W. 76 Ave	Hollywood, FL 33024
ID	Claire Lopez	4285 N.W. 76 Ave	Hollywood, FL 33024
PD	Carmen Torrez	4195 N.W. 76 Ave	Hollywood, FL 33024

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:

[Handwritten Signature] / Cheryl Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/01

Daytime Phone #

CRZE081 (9/00)