

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 21 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37721

1. Corporation Name

STIRLING POINTE HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

4193 NW 76th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4193 NW 76th AVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

650206075

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

JOSHUA G. GERSTIN, ATTORNEY AT LAW

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

10 FAIRWAY DRIVE

Suite, Apt. #, Etc.

SUITE # 223

(Telephone) **954.421.9293**

500009144525

11/21/02--01026--002 **236 25

City

DEERFIELD BEACH

State
FL

Zip Code

33441

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 **11-19-02**

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
PD	GERRY GOODWIN	4197 NW 76th AVE	DAVIE, FLORIDA 33024
VP	PAUL ARSLAN	4245 NW 76th AVE	DAVIE, FLORIDA 33024
VP	HECTOR GARCIA	4281 NW 76th AVE	DAVIE, FLORIDA 33024
SD	AULIO H GIL	4231 NW 76th AVE	DAVIE, FLORIDA 33024
TD	AMY PALMERO	4293 NW 76th AVE	DAVIE, FLORIDA 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:

GERRY GOODWIN 11/19/02

954.648.9175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

gs 11/25