

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 DEC -8 AM 10:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005184 (7)**

1. Corporation Name

**CLASSICS AT KENSINGTON I HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: **1280 S.W. 36th Ave. Suite 301 Pompano Beach, FL 33069**  
 Mailing Address: **1280 S.W. 36th Ave. Suite 301 Pompano Beach, FL 33069**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida: **11/17/1993**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number: **65-0441077**

Applied For:  Not Applicable:

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

Zip Country

Zip Country

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

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	WOLFE, LARRY	5446 N.W. 106 Drive	Coral Springs, FL 33076
STD	GENTILE, PAUL	5205 N.W. 106 DRIVE	Coral Springs, FL 33076
VD	AMOLS, JACK	5550 N.W. 106 Drive	Coral Springs, FL 33076

**REINSTATEMENT 91**  
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8. Name and Address of Current Registered Agent

**Sunvest Management, Inc.**  
 Attn: Harold Hyman  
 441 South State Rd. Seven, Ste. 4  
 Margate, FL 33068

9. Name and Address of New Registered Agent

Name: **Exclusive Property Management**  
 Street Address (P.O. Box Number is Not Acceptable): **1280 S.W. 36th Ave.**  
 Suite, Apt. #, Etc.: **Suite 301**  
 City: **Pompano Beach** State: **FL** Zip Code: **33069**

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: *Paul F. Gentile*  
 REGISTERED AGENT MUST SIGN

Date: **12/3/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: *Paul F. Gentile*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PAUL F. GENTILE**

Date: **12/4/97** Daytime Phone #: **954 340 0654**

CR2E040 (12/96)