

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 24 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000002371**

1. Corporation Name

**Home Owners of Palm Aire
Village, Inc.
Corporation, ID# N95000002371**

2. Principal Office Address

**FT Laud
3127 NW 68th St 33309**

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT

Zip

33309

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

15 MAY 95

5. FEI Number

65-0597418

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

Elizabeth Wiesend

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

6531 NW 34th Ave

Suite, Apt. #, Etc.

City

FT Lauderdale

State

FL

Zip Code

33309

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

X Elizabeth Wiesend

REGISTERED AGENT MUST SIGN

Date **24 Oct 04**

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
D/V	Charles Deeb	3161 NW 63rd St	FT Laud FL 33309
T	Jennifer Bruns	3127 NW 68th St	FT Laud FL 33309
S	Elizabeth Wiesend	6531 NW 34th Ave	FT Laud FL 33309

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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:

Jennifer Bruns Jennifer Bruns

Date

24 Oct 04

Daytime Phone #

954 308 6223

CR2E081 (01/04)