PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 13 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000001091

1. Corporation Name
WATERS EDGE AT PARKLAND HOMEOWNERS ASSOCIATION INC.

REINSTATEMENT 03-04
300028733513
02/13/04--01037--013 **297.50

2. Principal Office Address	**3.** Mailing Office Address
c/o INTEGRITY PROPERTY MGT 953 UNIVERSITY DRIVE	c/o INTEGRITY PROPERTY MGT 953 UNIVERSITY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL.
Zip: 33071 Country: Broward	Zip: 33071 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 2/26/97

5. FEI Number: 650741596 ☐ 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: Cynthia Whittle c/o INTEGRITY PROPERTY MGT
Street Address (P.O. Box Number is Not Acceptable): 953 UNIVERSITY DRIVE
Suite, Apt. #, Etc.:
City: CORAL SPRINGS State: FL Zip Code: 33071

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: Cynthia M Whittle Date: 2/6/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRESIDENT	DONNA QUINN	10467 NW 58th PLACE	PARKLAND, FL 33076
VICE PRES.	STEVE BALDINI	10448 NW 58th PLACE	PARKLAND, FL. 33076
TREASURER	PETER APITO	10230 NW 60th PLACE	PARKLAND, FL. 33076
SECY	KEN JACKSON	10427 NW 58th PLACE	PARKLAND, FL. 33076
DIRECTOR	ANTHONY MIGNANO	10407 NW 58th PLACE	PARKLAND, FL. 33076

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: Peter L Apito Jr. 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #