

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

DOCUMENT # N98000000049

1. Corporation Name

Shangra-La@Woodmont  
Homeowners Association, Inc.

2. Principal Office Address  
c/o Sundance Prop Mgt

11510 W. Sample Rd.

3. Mailing Office Address  
c/o Sundance Prop Mgt

11510 W. Sample Rd

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

Suite 5

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

Broward

Zip

33065

Country

Broward

**REINSTATEMENT** 02-03

2/24/03 01089 021 \*\* \$61.25

300021985933  
08/01/03--01023--016 \*\*236.25

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1998

5. FEI Number

65-1024481

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

Steven S. Valancy, P.A.

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

311 S.E. 13 Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

07-16-03

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
<u>P</u>	<u>Joanne Anthony</u>	<u>8507 Cherry Blossom Ln. Tamarac, FL</u>	<u>33321</u>
<u>VP</u>	<u>John Ambrose</u>	<u>8586 Lychee Drive Tamarac, FL</u>	<u>33321</u>
<u>T</u>	<u>Greg Ferrone</u>	<u>8508 Cherry Blossom Ln Tamarac, FL</u>	<u>33321</u>
<u>S</u>	<u>Kathy Munson</u>	<u>8504 Cherry Blossom Ln. Tamarac, FL</u>	<u>33321</u>
<u>D</u>	<u>Daniel Keefe</u>	<u>8587 Jade Drive Tamarac, FL</u>	<u>33321</u>

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:

Gregory Ferrone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY FERRONE 7-28-03

Date

Daytime Phone #

954  
721-4865

CR2E081 (10/02)