

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

03 APR 14 AM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **N99000001836**

1. Corporation Name  
**WATERSIDE at SPRING VALLEY  
HOMEOWNERS ASSOCIATION, INC.**

100008070151  
05/08/03--01078--005 \*\*\$61.25  
100008070151  
04/04/03--01049--004 \*\*\$236.25

2. Principal Office Address  
**2950 N 28 TER.**

3. Mailing Office Address  
**3 AME**

4/23/02 01.007 014 61.25

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FL**

City & State

4. Date Incorporated or Qualified To Do Business in Florida  
**3/24/1999**

5. FEI Number  
**650915464**

Applied For  
Not Applicable

Zip Country  
**33020 USA**

Zip Country

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

7. Name and Address of Current Registered Agent

Name **Bakalar, Brent & Chadron, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**150 S. PINE ISLAND ROAD,**

Suite, Apt. #, etc. **SUITE 540**

City **PLANTATION**

State Code  
**FL 33324-2669**

**REINSTATEMENT 01-03**

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]**

Date **12/9/02**

REGISTERED AGENT MUST SIGN

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
<del>PD</del>	<del>Yvonne Daniels</del>	<del>110484 NW 15 ST.</del>	<del>Pembroke Pines FL 33028</del>
VD	Tony Rabbat	110329 NW 15 ST	Pembroke Pines, FL 33028
STD	Maria Groot	110581 NW 15 ST	Pembroke Pines, FL 33028
TD	Judy Frank	110310 NW 15 ST	Pembroke, FL 33028

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-28-02**  
Daytime Phone #

CR2E081 (9/01)