

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR *reinstatement* REINSTATEMENT



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

AND FILED

1997 MAR 17 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N94000003090

1. Corporation Name
Retention Ponds Property Owners Association, Inc.

Principal Place of Business Mailing Address
~~e/o Vulcan Materials Co.~~
~~Riverview Center I~~
~~607 SW St. Lucie Crescent (1B)~~
~~Stuart, FL 34994~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
115 SE 2nd St.

3. New Mailing Address, If Applicable
P.O. Box 110239

4. Date Incorporated or Qualified To Do Business in Florida
June 22, 1994

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Miami, FL

City & State
Miami, FL

Not Applicable

Zip Country
33131 USA

Zip Country
33111-0239 USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Govantes, Carlos	115 SE 2nd ST., 2nd FL	Miami, FL 33131
D	Constantino, Teodoro	115 SE 2nd ST., 2nd FL	Miami, FL 33131
D	Constantino, Panagiotis	115 SE 2nd ST., 2nd FL	Miami, FL 33131
			800002117818--3 -03/19/97--01053--007 ****297.50 ****297.50
REINSTATEMENT			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CT Corporation System~~
~~8751 W. Broward Blvd.~~
~~Ste 203~~
~~Plantation, FL 33324~~

Name
Angelo P. Demos
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave.
Suite, Apt. #, Etc.
Ste 1700
City
Miami
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent *Angelo P. Demos*
REGISTERED AGENT MUST SIGN

Date *3-6-97*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Angelo P. Demos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-6-97*
Daytime Phone #

CR2E040 (12/95)