

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710240

1. Corporation Name

THE HAMMOCKS LAKE FOREST
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

3. Mailing Office Address

A & M PROPERTY MGMT. INC. A&M PROP. MGMT. INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3475 N. HIATUS ROAD

3475 N. HIATUS ROAD

City & State

City & State

SUNRISE, FL

SUNRISE, FL

Zip

Country

U.S.A.

Zip

Country

U.S.A.

33351

33351

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 29, 1982

5. FEI Number

59-2273094

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

LEIGH KATZMAN, Esq. - Katzman & Yarr, P.A.

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

1100 S. STATE ROAD #7

Suite, Apt. #, Etc.

SUITE #102

City

MARGATE, FL

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date 2/15/00

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
P. D.	DAVID ZUCKER	1818 HAMMOCKS BLVD.	COCONUT CREEK, FL 33063
V.P.D.	AL LAZARUS	1762 HAMMOCKS BLVD.	COCONUT CREEK, FL 33063
S.D.	ESTELLE HOFFMAN	1854 HAMMOCKS BLVD.	COCONUT CREEK, FL 33063
T.D.	MORRIS SIEGMAN	1748 HAMMOCKS BLVD.	COCONUT CREEK, FL 33063
D.	SIDNEY WEINSTEIN	1852 HAMMOCKS BLVD.	COCONUT CREEK, FL 33063

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:

David Zucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-00

Daytime Phone #