2/24/02-90005-005-$70.00-$70.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

FILED

02 MAR 20 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

824746

**CORPORATION [redacted]STATEMENT**

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

DOCUMENT # N98000005031

1. Corporation Name
PEMBROKE FALLS PHASE FOUR-A (4A)
C/O GLEN MANAGEMENT SERVICES HOMEOWNER'S ASSOCIATION, INC
301 W. CAMINO BLVD. #200
BOCA RATON, FL. 33432

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| C/O GMS 301 W CAMINO BLVD | P.O. BOX 1390, BOCA RATON FL. 33429-1390 |
| Suite, Apt. #, etc.: #200 | Suite, Apt. #, etc.: |
| City & State: BOCA RATON, FL. | City & State: BOCA RATON 33429 |
| Zip: 33432 Country: | Zip: Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 9-1-1998

5. FEI Number: 65-0895087 ☐ 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: GLEN, ANDEW C

Street Address (P.O. Box Number is Not Acceptable): 301 W Camino Blvd. #200

Suite, Apt. #, Etc.: #200

City: BOCA RATON State: FL Zip Code: 33432

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 _____ Date 2/13/02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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 | MICHAEL BRAUTMAN D | 301 W. CAMINO BLVD #200 | BOCA RATON FL 33432 |
| VP | BRENDA NUDSON D | 301 W. CAMINO BLVD #200 | BOCA RATON FL 33432 |
| S | GREG HASKIN D | 301 W. CAMINO BLVD #200 | BOCA RATON FL 33432 |
| T | RICHARD GLOVER D | 301 W CAMINO BLVD #200 | BOCA RATON FL 33432 |
| | | | |
| | | | |

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: _____ 02-13-02 954-437-2378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #