

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -3 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751254

1. Corporation Name

EMERALD VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3998 ATLANTA ST
HOLLYWOOD FL 33021
US

Mailing Address

~~3998 ATLANTA ST~~
~~P.O. BOX 163013~~
~~HOLLYWOOD FL 33021~~
~~US~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

3998 ATLANTA ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

BARBARD

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1980

5. FEI Number

59-2003626

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	PAULEN, LESLIE Robert 866062	3998 ATLANTA ST 3990 ATLANTA ST.	HOLLYWOOD FL 33021
TD	KIDWELL, DAVID R	3998 ATLANTA ST	HOLLYWOOD FL 33021
VPD PD	GRUEN, HELMUT	3992 ATLANTA ST	HOLLYWOOD FL 33021
Secretary -	Saul Zitzer	3996 ATLANTA ST	HOLLYWOOD FL 33021
DIRECTOR			

8. Name and Address of Current Registered Agent

~~KIDWELL, DAVID R~~ HELMUT GRUEN
~~3998 ATLANTA ST~~ 3992 ATLANTA ST.
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

HELMUT GRUEN

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

3992 ATLANTA STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/24/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/02

Date

Daytime Phone #

CR2E040 (8/02)