

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED  
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.

Suite, Apt. #, etc.

N/A

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

**3. Mailing Office Address**

3 AME

Suite, Apt. #, etc.

City & State

Zip

Country

4/23/02 01007 014 6125

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

3/24/1999

**5. FEI Number**

050915404

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

Bakalar, Brown & Chadron, P.A.

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

150 S. PINE ISLAND ROAD,

Suite

SUITE 540

City

PLANTATION

State

FL

Zip Code

33324-2669

**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
PD	Yvonne Daniels	110484 NW 15 ST.	Pembroke Pines FL 33028
VD	Tony Rabbat	110329 NW 15 ST	Pembroke Pines, FL 33028
STD	Maria Groot	110581 NW 15 ST	Pembroke Pines, FL 33028
TD	Judy Frame	110316 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)