

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000284**

1. Corporation Name

**SPRING VALLEY PHASE I HOMEOWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

16336 N.W. 11TH ST  
PEMBROKE PINES FL 33028  
US

16336 N.W. 11TH ST  
PEMBROKE PINES FL 33028  
US

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

2. New Principal Office Address, If Applicable

16159 NW 8th Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16159 NW 8th Ave

Suite, Apt. #, etc.

City & State

PEMBROKE PINES  
FL 33321

City & State

PEMBROKE PINES  
FL 33321

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/1994

5. FEI Number

65-0467070

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
D	BEHNAM, JOE	1060 NW 161 AVE	PEMBROKE PINES FL 33028
TD	KEAT, CROSS	660 NW 261 AVE	PEMBROKE PINES FL 33028
SD	JAMMEL, FARRIS	16159 NW 8TH DRIVE	PEMBROKE PINES FL
PD	TYNAN, KEVIN	16143 NW 8TH DR	PEMBROKE PINES FL 33028
D	CREEL, EDWARD	16341 NW 5TH ST	PEMBROKE PINES FL 33028
D	HENRY, BOB	382 NW 162 AVE	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

~~ASNES, RON~~  
~~400 SW BOCA RATON BLVD 202~~  
~~BOCA RATON FL 33432~~

9. Name and Address of New Registered Agent

Name

KEVIN TYNAN

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

8142 N. UNIVERSITY DR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

33321

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

10/9/03

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

Date

Daytime Phone #

954-721-7300  
10/9/03

CR2E040 (7/03)