

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*

3. New Mailing Office Address, If Applicable  
*16159 NW 8th Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*PEMBROKE PINES*

City & State  
*PEMBROKE PINES*

Zip *FL 33321* Country *Broward*

Zip *33321* Country *Broward*

**REINSTATEMENT**



500023771875  
 10/14/03--01015--021 \*\*271.25

03

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip    |
|------------|-------------------------------------|--|-------------------------|
| 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 NW*

Suite, Apt. #, Etc.

City *TAMPA*

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)