

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMEN	124			DEPAR Secretar Ision of c	y of S	itate	STATE			FILED 9 SEP -4 AM 10: 09
DOCUMENT # 204762  1. Corporation Name								SECRECATE FOR THE BODY			
SOUTHWINDS COOPERATIVE APARTMENT ASSOCIATION, INC.  2. Principal Office Address - No P.O. Box # 3212 NE 844 COURT Suite, Apt. #. etc. APT. 20 City & State POMPANO BEACH, FL Zip Country Zip Country Zip Country Zip Country COOPERATIVE APARTMENT S. Mailing Office Address 3. Mailing Office Address 3212 NE 844 COURT Suite, Apt. #. etc. APT. 20 City & State Country Zip Country Zip Country Zip Country								300160344533 09/04/09-01003-01.1 **295.00  CR2E081-(12/08) CR2E081-(12/08) CR2E081-(12/08) OG OG  4. Date Incorporated or Qualified To Do Business in Florida 08/02/1957  5. FEI Number 59-1444566 Applied For Not Applicable 6. S8.75 Additional Fee required			
330	6 ¢	U.	SA	330	02	1	USA		CER	IIFICATO	FOR STATUS DESIRED (1) for a Certificate of Status
Name  Name  GEORGE M. POLITAMS  Street Address (P.O. Box Number is Not Acceptable)  32   2 NE 8 = COURT  Suite, Apt. #, Etc.  APT. 20  City  POMPANO BEACH  State  Zip Court  330								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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 REGISTERED AGENT MUST SIGN  Date 09/01/09											
9. Names	and Street Addres	sses of Ea	ch Officer and	Vor Director (Flo	rida nonpro	fit corpo	orations mu	ust list at lea	est 3 direc	ctors)	
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director					City / State / Zip
P	460 PGE	M	. POL	TAMS	3212	NE	8+4	COURT	APT	20	POMPANO BEACH, FL 33062
VP	EU4 En/1	<u> </u>	EINTE	ic	3212	NE	8440	心收丁	APT	10	POMPANO BEACH, FL 33062
5	POLLY	M	en NTE	L	3212	NE	8th a	OURT	APT	10	POMPANO BEACH, FE 33062
₽	JAN EBBS				3212 NE 8th COURT				MT	7	POMPATO BEACH, FL 33962
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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 filling 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 contained in Chapter 119, 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: GEORGE M. POLITARIS 09/01/09 (561)714-6433											

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