PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 15 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713828

1. Corporation Name

Hillsboro Shores Improvement Association Inc
625 NE 3rd Avenue
Ft. Lauderdale, FL 33304

REINSTATEMENT 01-02

2. Principal Office Address		**3.** Mailing Office Address	
625 NE 3rd Ave.		2203 BAY DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Lauderdale, FL		City & State: POMPANO BEACH, FL	
Zip: 33304	Country: USA	Zip: 33062	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 592005107 ☐ 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: Stephen A. Schorr

Street Address (P.O. Box Number is Not Acceptable): 625 NE 3rd Avenue

600009026136
11/15/02--01078--017 **297.50

Suite, Apt. #, Etc.:

City: Fort Lauderdale | State: FL | Zip Code: 33304

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 _____ Date 11/11/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
(P) D PRESIDENT	PAUL SCHLEGEL	2203 BAY DR. POMP	POMPANO BCH., FL 33062
1ST V.P. D	STEVEN SCHORR	3416 DOVER RD	POMPANO BCH., FL 33062
2ND V.P. D	JACKIE OLAFF	3420 DOVER RD.	POMPANO BCH., FL 33062
(S) D SECRETARY	MARY CLINCE	2509 N. RIVERSIDE DR.	POMPANO BCH., FL 33062
(T) D TREASURER	CHERYL PRCHAL	3406 BEACON ST.	POMPANO BCH., FL 33062

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: _____ V.P. 11/11/02 954-667-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #