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API	PLE PLICATION			DA DEPARTME	ENT OF STATE	1	TING THIS FORM. FILED		
FOR REINSTATEMENT				Katherine Harris Secretary of State			99 AUG 27 AM II: 07		
	UMENT #	72496		DIVISION OF CORP	ORATIONS	3	SECRETARY OF STATE		
		~"/1.j" /		TENIAN	w F		THE PARTY OF THE P		
		CATION,			/		والمراوعة	- 4	
Principal Place of Business 6990 NW 7/ST STREET						•	°0000297766 °09/02/9901101 ****297.50	001	
TAMARAC FLORIDA 333					= /		サデヤヤ信じ (a UU - コ リア・バー)	*231.30 W.	
SAME Fac BoTH If above addresses are incorrect in any way, line through incorrect information a					ter correction below.	REIN!	STATEMENT 4	8-99	
	incipal Office Address			New Mailing Office Address, If Applicable Suite Applicable			rporated or Qualified siness in Florida	972	
City & State			City & State			5. FEI Number Applied For 23-724830.5 Not Applied be			
Zip	Coun	ntry	Zip	Cour	ntry	6.	S8.75 Addition	onal Fee required water of Status	
7. Names a			/or Director (Fli	 	porations must list at lea				
Title(s)		Name of Officers and/or Directors		1 7	Street Address of Each Officer and/or Director Use Post Office Box N	r	City / State / Zip		
PRES FELDMAN, IRVING					V.W. 738		TAMARAC FLORIDA	33321	
					w 7151	AVE.	TAMARAC FLORIDA	3332/	
TREAS	TREAS LOZIER, PETE			6800 N.W. 70 TH			ST. TAMARA FLORIDA 33321		
5£c7.		E, ANGE	LA	6606 N.	w. 72 NO :	57.	TAMARAS FLORIDA	7 33321	
D ,	ļ			£ 6714a	1.w. 7/5	757.	PAMARAC, FLORIDA	33321	
	8. Name and	Address of Current	Registered Ag	ent	Name		Address of New Registered Agent		
1	CELDMI	AN, IRI	VING		5	P.O. Box Number	er is Not Acceptable)	31 (12/98	
7		N.W. 73		STREET			is Not Acceptable,	CR2E081	
_	TAMARAC FLORIDA 3338.1 City State Zip Code								
					with and accept the ob	bligations of Sect	tion 607.0505, F.S.		
Signature of Registered Agent Pack Taylor REGISTERED AGENT MUST SIGN									
		on owes the sonal Proper			. Yes	□ No □	(See other side for inform on intangible tax.)		
this reins owed by	statement <mark>application</mark> the corporation have	n, the reason for disso re been paid and the r	olution has been names of individ	n eliminated, the corp duals listed on this fo	rporate name satisfies	the requirements an exemption und	napter 607 or 617, F.S. I further certify that is of section 607.0401 or 617.0401, F.S., the nder section 119.07(3)(i), F.S. The informa	that all fees	
SIGNAT	rune L	Felds	man, I	RVING .	FELDM	AN	8/2/99 954-726	5-1377	
SIGNA		E AND TYPED OR PRI	INTED NAME OF	SIGNING OFFICER O	R DIRECTOR		Date Daytime Phone	ie#	

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MAINLANDS OF TAMARAC LAKES

FAIRCREST 14 SOCIAL ASSOCIATION, INC. 6990 N.W. 71ST. STREET TAMARAC, FLA. 33321 Phone 954 - 722 - 0313

August 26, 1999

Florida Dept. of State Tallahassee, Florida

. . .

att. Kristen Eckel

Dear Ms. Eckel:

Enclosed herewith is the requested names of Directors of our Social Association.

D. Thomas Campagnola 7104 N.W. 71st St. Tamarac Fl.

D. Dick Cavello 7103 N.W. 70st. St. Tamarac, Fl.

D. Ann Spada 7113 N.W. 71st. St. Tamarac, Fl.

D. Florence Stockhammer 6714 N.W. 71st. St. Tamarac, Fl.

Yours truly.

P. Lozier Treasurer