PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORI REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State division of corporations	FILED 07 0EC 24 PM 1: 09
DOCUMENT # 725458 1. Corporation Name TOPAZ South Condominion AssociATION INC		TALL AHASSFE, FLORIDA
,		REINSTATEMENT <u>66-07</u>
2. Principal Office Address - No P.O. Box # 3. Mail SUNRAGE PROPERTY MANAGERED SOL	ing Office Address NRAE PROPERTY MAI	VAGENENT CR2E081 (1/07)
6915 TAPI STREET 691	pt. #, etc. 15 TAFT STREET	4. Date Incorporated or Qualified Da/0a/1973 To Do Business in Florida
	tate (LYWOOD, Th	5. FEI Number Applied For Not Applied ble
33024 Country USA Zip 32	3024 USA	6. S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current F	Registered Agent	
SUNRAE PROPERTY MANAGEMENT- PAUL SHAPIRO Street Address (P.O. Box Number is Not Acceptable)		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you
6915 TAFT ST. Suite, Apt. #, Etc.	REET	are certifying the prior notices were not
Guid, / pt. #, Ed.		received and requesting the reinstatement fee be waived.
City Hohhywood	State Zip Code FL 33024	
Signature of Registered Agent REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN		
9. Names and Street Addresser 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	
P AURICHIO, BARBARA	A 3990 NW 42 Md/	Ave *302 Landerdole Kales, Th 33319
VP MARILYN BIRD	3990 NW 42ml Ave	
7 HARRY FERBER	3990 NW 42 Na	H ve 200 louderdale lakes, The 33319
S PAT Allson	3990 NW 42 M	AVE 320 brudesdale takes 7h 33319
(
10/24		200113349172 12721/0701028007 **297.50
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: TOOLOGIC WALLIAMS DOC 17 2007 954-275-0979 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #		