

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 725651 1. Entity Name FRENCH QUARTER CONDOMINIUM PHASE IV, INC.			FILED 06 MAR -1 PM 2:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 408 N. W. 70TH AVE. PLANTATION, FL 33317-7550		Mailing Address 408 N. W. 70TH AVE. PLANTATION, FL 33317-7550	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 4780 N. STATE RD. 7 E250 LAUDERDALE LAKES, FL 33319	
4. FEI Number 59-1463574		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		REINSTATEMENT 05-06 01272096 REIN-NP CR2E098 (11/05)	
6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES, INC. 4780 N. STATE ROAD 7, #E250 LAUDERDALE LAKES, FL 33329		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		200067882618 03/15/06--01003--003 **122.50	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN DUSEN, CYNTHIA 286 NW 69TH AVENUE, #274 PLANTATION, FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOINE, MADELIN 282 NW 69TH AVENUE, #177 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, JOYCE 282 NW 69TH AVENUE, #277 PLANTATION, FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, BOBBIE 304 NW 69 AVE- #155 PLANTATION, FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVER, TINA 284 NW 69TH AVENUE, #279 PLANTATION, FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.			
SIGNATURE: <i>Bobbie E. Crawford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BOBBIE CRAWFORD, PRES.		Date 02-02-06 Daytime Phone # 4-7	