

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726485

1. Corporation Name

Spring Creek Condominium Apartments Phase II, Inc.

2. Principal Office Address - No P.O. Box #

3801 NW 84<sup>th</sup> Ave

Suite, Apt. #, etc.

1C

City & State

Sunrise, FL

Zip

33351

Country

USA

3. Mailing Office Address

3801 NW 84<sup>th</sup> Ave

Suite, Apt. #, etc.

1C

City & State

Sunrise, FL

Zip

33351

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Lance Clouse, c/o Becker & Poliakoff, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3111 Stirling Road

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

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

*Lance Clouse*

Date

12-03-08

REGISTERED AGENT MUST SIGN

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
President	Drial Nunez	3841 NW 84 <sup>th</sup> Ave, 2H	Sunrise, FL 33351
Vice President	Anthony Theodore	3841 NW 84 <sup>th</sup> Ave, 2G	Sunrise, FL 33351
Secretary	L.P. Antonopoulos	3831 NW 84 <sup>th</sup> Ave, 2F	Sunrise, FL 33351
T	Aaron Moore	3801 NW 84 <sup>th</sup> Ave, 1A	Sunrise, FL 33351

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 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:

*Aaron Moore*  
Aaron Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/08

Date

Daytime Phone #

754-246-6498

FILED

08 DEC 12 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

200138965402

12/12/08--01004--001 \*\*2590.00

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/1973

5. FEI Number  
591488931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.