

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727070

1. Corporation Name

Spring Creek Condominium Apartments Phase III, Inc.

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

3801 NW 84th Ave, 1

Suite, Apt. #, etc.

1C

City & State

Sunrise, FL

Zip

33351

Country

USA

3. Mailing Office Address

3801 NW 84th 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

REGISTERED AGENT MUST SIGN

Date

12-03-08

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 | Aaron Moore | 3801 NW 84 th Ave, 1A | Sunrise, FL 33351 |
| Vice President | John Gagliano | 3771 NW 84 th Ave, 2A | Sunrise, FL 33351 |
| Secretary | Paul Barbalaco | 3761 NW 84 th Ave, 1A | Sunrise, FL 33351 |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aaron Moore

Date

12/31/08

Daytime Phone #

754-246-6498

FILED

08 DEC 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000138966420

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

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1973

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.