

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #728621

1. Corporation Name

Classic Towne Houses Condominium West Inc.

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

9000 Sheridan Stree

Suite, Apt. #, etc.

Suite 166

City & State

Pembroke Pines FL

Zip

33024

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1974

5. FEI Number

59-1577710

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AMS-FL

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

9000 Sheridan St

Suite, Apt. #, Etc

Suite 166

City

Pembroke Pines

State

FL

Zip Code

33024

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

REGISTERED AGENT MUST SIGN

Date 04/29/2019

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
Pre	Herzek, Stanley	4880 Sheridan St	Pembroke Pines, FL 33021
Treas.	Menachem, Sheryl	4850 Sheridan St	Pembroke Pines, FL 33021
Sec.	Ivgi, Esther	4746 Sheridan St	Pembroke Pines, FL 33021

REINSTATEMENT

MAY 8 2019
R. HUNT

10. E-mail Address: managementcompany@hotmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/29/2019

Daytime Phone #