

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 25 PM 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741199

1. Corporation Name
University Village East Condominium II
Association, Inc.

100086688801
01/30/07--01023--030 **358.75

2. Principal Office Address - No P.O. Box # c/o Royal Property Mgmt		3. Mailing Office Address c/o Royal Property Mgmt Inc.	
Suite, Apt. #, etc. 8317 W. Atlantic Blvd		Suite, Apt. #, etc. 8317 W. Atlantic Blvd	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33071	Country USA	Zip 33071	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2090080

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Royal Property Management Inc.

Street Address (P.O. Box Number is Not Acceptable)
8317 W. Atlantic Blvd

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33071

☐ 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.

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 Frank LaRocca Date 1/16/07

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
PD	Leder, Bruce	2768 S UNIVERSITY DR ^{12-A}	DAVIE, FL 33328
VPD	Mester, Sharon	2774 S UNIVERSITY DR ^{10-B}	DAVIE FL 33328
TD	Michael Coville	2708 S UNIVERSITY DR ^{11-B}	DAVIE FL 33328

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: [Signature] Date 954-757-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #