


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

REINSTATEMENT 02-04

MRS

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745480					
1. Corporation Name WOODMONT PROPERTY OWNERS ASSOCIATION OF TAMARAC, INC.					
2. Principal Office Address P.O. Box 25383 Suite, Apt. #, etc.			3. Mailing Office Address P.O. Box 25383 Suite, Apt. #, etc.		
City & State Tamarac, Florida		City & State Tamarac, Florida		4. Date Incorporated or Qualified To Do Business in Florida 01/08/1979	
Zip 33320	Country Broward	Zip 33320	Country Broward	5. FEI Number 59-1982262	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JOHN D. O'DONNELL, ESQUIRE	
Street Address (P.O. Box Number is Not Acceptable) 4367 North Federal Highway	
Suite, Apt. #, Etc. Colonial Building, Suite 201	
City Fort Lauderdale	State FL
	Zip Code 33308

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 John D. O'Donnell
REGISTERED AGENT MUST SIGN

Date 12/01/2004

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	Burton S. Schneider	8016 NW 72 Street	Tamarac, FL 33321
VD	Irwin Kieschman	8224 NW 85 Avenue	Tamarac, FL 33321
VD	Paul Picus	7411 Corkwood Circle	Tamarac, FL 33321
SD	Bernice Abrahams	7878 NW 84 Terrace	Tamarac, FL 33321
TD	Steve Meistle	8157 Princess Palm Cir	Tamarac, FL 33321

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burton S. Schneider

Date

Daytime Phone #

000043214630
12/08/04--01053--022 **358.75

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