

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **748132 ANNUAL REPORT 1997**

96 SEP 27 PM 12:46

1 Corporation Name
BROOKFIELD SQUARE CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
SUMMIT PROP. MGMT.
P.O. BOX 189013
PLANTATION FL 33318
US

P.O. BOX 189013
SUITE 220
PLANTATION FL 33318
US



If above address are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 07/19/1979 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-1971574 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | | Zip | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| Country | | Country | | | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 | 2 | 3 | 4 |
|----------|--|---|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| VD | SABATINE, JOSEPH | 2800 NW 56 AVE G107 | LAUDERHILL FL |
| PD | ASQUINI, ENZO Valentine, Matthew | 2800 NW 56TH AVE. 6408 | LAUDERHILL FL |
| D | RONCALLO, EDUARDO | 2800 NW 56 AVE | LAUDERHILL FL |
| TD | MORRIS, DIONNE | 2800 N.W. 56 AVE., G-105 | LAUDERHILL FL |
| D | FRISH, ANN ADAMS, THOMAS | 2800 N.W. 56 AVE. 64077 6-107 | LAUDERDALE FL |
| D | PARCHMENT, FAY MORALIS, Nkholas | 2800 NW 56 AVE, 6399 H-306 | LAUDERHILL FL |

8. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT INC.
6289 W. SUNRISE BLVD., #202
SUNRISE FL 33313

9. Name and Address of New Registered Agent

| | | |
|--|--------------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt #, Etc. | | |
| City | State FL | Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Paul Friedman

REGISTERED AGENT MUST SIGN

Date **9/25/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/25/96** (954) 733-6681
Daytime Phone #

CP2E040 (7/96)