

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748741

1. Corporation Name

POMPANO COURTS CONDOMINIUM ASSOCIATION, INC.

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

510 S.W. 15th Street

3. Mailing Office Address

P.O. Box 4491

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Deerfield Beach

Zip

33060

Country

USA

Zip

33442

Country

USA

REINSTATEMENT

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/79

5. FEI Number

592067189

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

ROBERT C. MARTIN, ESQ.

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

319 S.E. 14th Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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

7-1-10

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	Laura Knuth Brown	3928 Seward Avenue	Rockford, IL 61108
VD	Robert Vagi	4451 S.W. 34th Drive	Ft. Lauderdale, FL 33312
TDSD	Valerie Belben	510 S.W. 15th Street, #104	Pompano Beach, FL 33060
SD	Jonathan C. Dyer	520 S.W. 15th Street	Pompano Beach, FL 33060
D	David Spencer	510 S.W. 15th Street, #205	Pompano Beach, FL 33060

10. E-mail Address:

(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., 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.

SIGNATURE:

Valerie Belben

Valerie Belben, Treasurer

Date

6-28-10

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

934 946 0505

7/8/10