PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 27 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750741

1. Corporation Name

DEER RUN SPRINGS CONDOMINIUM PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4353 CORAL SPRINGS DR. P O BOX 8609 CORAL SPRINGS FL 33075	4353 CORAL SPRINGS DR. P O BOX 8609 CORAL SPRINGS FL 33075

If above addresses 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/24/1980

5. FEI Number: 65-0061792 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: A

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
STD	BEATTIE, MONCZI	4357 CORAL SPRINGS DR.	CORAL SPRINGS FL
PD	MODRI, ROSE MARIE	4353 CORAL SPRINGS DR	CORAL SPRINGS FL
VD	HUDJGENS, JUDITH	4365 CORAL SPRINGS DR	CORAL SPRINGS FL
VD	LAFRENIERE, HANK	4349 CORAL SPRINGS D	CoralSprngs FL
		REINSTATEMENT	99 TS

8. Name and Address of Current Registered Agent

MONCZI BEATTIE
4357 CORAL SPRINGS DR.
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name: ROSEMARIE MODRI
Street Address (P.O. Box Number is Not Acceptable): 4353 CORAL SPRINGS DR
Suite, Apt. #, Etc.:
600003090416--7
-01/05/00 State 022 Code 022
City: CORAL SPRINGS ****245.00 FL ****87.50

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: SIGNATURE REQUIRED Date: 12/10/99
REGISTERED AGENT MUST SIGN

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 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 REQUIRED ROSEMARIE MODRI 12/10/99 954-75
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #