

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
Aug 03, 2001 8:00 A.M.
Secretary of State

DOCUMENT # 751205

1. Corporation Name

SUZANNE PLAZA OWNERS'
ASSOCIATION, INC
W01-16308

2. Principal Office Address

7910 TAFT ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Apt 210

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Zip

33024

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

592 32 6045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

89-01

7. Name and Address of Current Registered Agent

Name

SYLVIA KAPLAN

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

7910 TAFT ST

800004540548-9

-08/17/01--01076-020

Suite, Apt. #, Etc.

Apt 210

971.25 71.25

City

Pembroke Pines

State

FL

Zip Code

33024

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of
Registered Agent X

Sylvia Kaplan
REGISTERED AGENT MUST SIGN

Date 7-5-01

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
D	SYLVIA KAPLAN	7910 TAFT STREET	Pembroke Pines FL
D	Joseph Mullen		
D	Judy Dabney	7910 TAFT STREET	Pembroke Pines, FL 33024

REINSTATEMENT 89-01

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: X

Sylvia Kaplan
SYLVIA KAPLAN

Date 7-5-01

Daytime Phone # 954-893-0825

CREATED BY 001