PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2007 DEC 17 AM 10: 16
DOCUMENT # 754528	TALLAHASSEE, FLORIDA
GREENHILL CONDOMINIUM ASSOCIATION, IN	C
Non-Profit	
2. Principal Office Address - No P.O. Box # 8915 NW 38th DR. 8915 NW 38th DR.	REINSTATEDIE
Suite, Apt. #, etc. Suite, Apt. #, etc.	Date incorporated or Qualified To Do Business in Florida
City & State Coral Springs, FL Coral Springs, FL	5. FE Number 789 570 Applied For Not Applied be
33065 USA 33065 Country 33065	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Name Name Name Name Name Name Name	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 5 Medical Rasons
8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN Date 12/11/07	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Officers and/or Directors o Officer and/or Directors	
Presi. John Peterson 8915 NW.	38" Dr. Caral Springs Pla.
secraty IDA TYLER GEOGRAPHY 8917 N.W. 3	8th Dr Coral Spring Flg. 33065
Treusurer Noveen Goraca 8921 Nw. 2	oth Dr. Coval Springs 710.85065
	E0011219129E
	600113191386 12/17/0701037006 **122.50
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 filling 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 contained in Chapter 119, F.S. The information indicated	
on this application is true and accurate, and my attribute shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #	

To whom it May Concern, Claire Peterson had a stroke in 2006. Her husband John Petcesma took on her being President as of November 2007. Claire having had a stroke was in a Rehab facility and was mable to recieve any mail at these time claime and John Peterson now are back at home. Please send any mail and OUR 2008 reinstatment letter to 8915 N.W. 38 MDr. Coval Springs Fla. 33065 We never got anything fore 2000 or 2006. We were told for only pay #61.25 for each year. from the year office, mank you. Sincerly Moren (Freasurer)