

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**  
 97 JUN 23 PM 2:10  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # 757964**

1. Corporation Name  
**SHADOW WOOD VILLAS ASSOCIATION, INC.**

Principal Place of Business P O BOX 77-1722 CORAL SPRINGS FL 33077-1722 US	Mailing Address P O BOX 77-1722 CORAL SPRINGS FL 33077-1722 US
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**REINSTATEMENT** *96-97-000*

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		4. Date Incorporated or Qualified To Do Business in Florida <b>05/11/1981</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2145889</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	EPSTEIN, RORY	9584 SHADOW WOOD LANE	CORAL SPRGS, FL 00000
VPD	CAPIZZI, VINCENT	472 SHADOW WOOD LANE	CORAL SPRGS, FL 00000
MD	DI PIETTO, ANTHONY	385 SHADOW WOOD LANE	CORAL SPRGS FL
D	SCOTT, FANK	354 SHADOW WOOD LANE	CORAL SPRGS, FL 00000
D	SCOTT, FRANK	354 SHADOW WOOD LN.	CORAL SPRINGS FL

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 -06/25/97--01089--003  
 \*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>EPSTEIN, RORY</b> <b>9584 SHADOW WOOD AVE</b> <b>CORAL SPRINGS FL 33071</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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]* Date: **6/14/97**  
 REGISTERED AGENT MUST SIGN

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 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]* **6/14/97** **954 897-7520**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (7/96)