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 APR 11 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758659

1. Corporation Name: Shadow Wood Condominium Assoc., Inc.

Principal Place of Business	Mailing Address

REINSTATEMENT 9/6-97 MWB

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
c/o Benchmark Prop.Mgt.	c/o Benchmark Prop.Mgt.	6/5/81
Suite, Apt. #, etc.: 7932 Wiles Rd.	Suite, Apt. #, etc.: 7932 Wiles Rd.	5. FEI Number: 65-0030655 ☐ Applied For ☐ Not Applicable
City & State: Coral Springs, FL	City & State: Coral Springs, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 33067 Country: Broward	Zip: 33067 Country: Broward	

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
P	Kathy Egan	8403 Shadow Ct.	Coral Springs, FL 33071
V	Sharyn Rapoport	8476 Shadow Ct.	Coral Springs, FL 33071
T/D	Ellen Thompson	8467 Shadow Ct.	Coral Springs, FL 33071
S/D	Lisa Le Clair	8459 Shadow Ct.	Coral Springs, FL 33071
D	Clint Churchill	8536 Shadow Ct.	Coral Springs, FL 33071

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****87.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Kathy Egan
Street Address (P.O. Box Number is Not Acceptable): 8403 Shadow Ct.
Suite, Apt. #, Etc.:
City: Coral Springs State: FL Zip Code: 33071

CR2EC-40 (12/96)

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: Kathy Egan
REGISTERED AGENT MUST SIGN
Date: 3-22-97

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: Ellen M. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELLEN M. THOMPSON TREASURER

3/22/97 Date
954-346-7923 Daytime Phone #