

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763781**

1. Corporation Name

WILTON PINES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2132 N.E.9TH AVENUE
FT. LAUDERDALE FL 33305

2132 N.E.9TH AVENUE
FT. LAUDERDALE FL 33305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Steven Valancy, P.A.
Suite, Apt. #, etc.

311 SE 13th Street
City & State

Ft. Lauderdale, Florida
Zip Country
33316 Broward

3. New Mailing Office Address, if Applicable

C/O DCI
Suite, Apt. #, etc.

2035 Harding Street
City & State

Hollywood, Florida
Zip Country
33020 Broward



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

08/02/1982

5. FEI Number

59-2223617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ST. DENIS, RICHARD	2134 NE 9TH AVE	FT. LAUDERDALE FL 33305
TD	BARBARA WESI	2132 NE 9 AVE.	FT. LAUDERDALE FL
SD	BRADY, JEANNE	2123 NE 11TH AVE	FT. LAUDERDALE FL 33305

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10/27/03--01080--010 **236.25

8. Name and Address of Current Registered Agent

VALANEY PA, STEVEN S
311 SE 13TH ST
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10-24-03

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03
Date

954/567-1476
Daytime Phone #

CR2E040 (7/03)