

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 DEC 10 AM 11:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **766540**

1. Corporation Name
UNIVERSITY VILLAGE EAST CONDOMINIUMS RECREATION SUPERVISORY BOARD OF ADMINISTRATION, INC.

Principal Place of Business
 P.O. BOX 291043
 DAVIE FL 33328

Mailing Address
 P.O. BOX 291043
 DAVIE FL 33328



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 12/29/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0229862	
City & State		City & State		Applied For Not Applicable	
Zip		Country 97		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	QUINN, EAMON Catherine Crane	2700 SOUTH UNIVERSITY DRIVE, 7B 2700 South University 1A	DAVIE FL 33328
V	MORGAN, JOSEPH H Bruce Leder	2700 SOUTH UNIVERSITY DRIVE, 4D 2768 South University 12A	DAVIE FL 33328
T	RANDOLPH, KAREN Jim Mester	2718 S UNIVERSITY DR 2774 South University 10B	DAVIE FL 33328
S	STRANBURG, DANNIE Carla Blair	2762 SOUTH UNIVERSITY DRIVE, 9B 2738 South University 15B	DAVIE FL 33328
D	BARBEN, HERBERT LYNDA MAELIA	2700 S. UNIVERSITY DR 11-D 2712 S. University Dr 45G	DAVIE FL 33328
D	BLANKENSHIP, KENT	2724 SOUTH UNIVERSITY DRIVE, 14C	DAVIE FL 16/97--01104--010 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

~~STRANBURG, DANNIE~~
~~2762 SOUTH UNIVERSITY DRIVE~~
~~08~~
~~DAVIE FL 33328~~

9. Name and Address of New Registered Agent

Name **Kaye & Roger, P.A.**
 Street Address (P.O. Box Number (if Not Acceptable))
6261 NW 6 Way Suite 103
 Suite, Apt. #, Etc.
 City **Ft. Lauderdale** State **FL** Zip Code **33309**

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]* V.P. REGISTERED AGENT MUST SIGN Date **12-5-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Carla Blair* 12/1/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)