

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 DEC -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10000077501**

1. Corporation Name

Windermere Realty Holdings, LLC

REINSTATEMENT *2011 SBM*

2. Principal Office Address - No P.O. Box #

7116 W McNab Rd

Suite, Apt. #, etc.

3. Mailing Office Address

7116 W McNab Rd

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

TAMARAC FL

City & State

Tamarac, FL

Zip

33321

Country

BROWARD

Zip

33321

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank Weinberg Black PC

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

7805 SW 6 Ct.

Suite, Apt. #, Etc.

Steven B. Katz

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MBR	Windermere Condominium Inc	7116 W McNab Rd	TAMARAC FL 33321

10. E-mail Address: **prop mgmt ptars@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/5/2011

Daytime Phone #