

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

# N00000002757

### CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

## FILED

02 OCT -7 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### DOCUMENT #

# REINSTATEMENT 01+02

#### 1. Corporation Name

Kings Bay II at Monarch Lakes  
Association, Inc.

500008259065--9  
-10/08/02--01002--009  
\*\*\*\*297.50 \*\*\*\*297.50

#### 2. Principal Office Address

2950 N. 28 TERRACE  
Suite, Apt. #, etc.

#### 3. Mailing Office Address

2950 N. 28 TERRACE  
Suite, Apt. #, etc.

#### City & State

HOLLYWOOD, FL

#### City & State

HOLLYWOOD, FL

#### Zip

33020

#### Country

USA

#### Zip

33027

#### Country

USA

#### 4. Date Incorporated or Qualified To Do Business in Florida

4/25/2000

#### 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

Katzman & Korr, P.A.

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

5581 West Oakland Park Blvd., 2nd Floor

#### Suite, Apt. #, Etc.

#### City

Lauderhill

#### State

FL

#### Zip Code

33313

#### 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

*[Signature]*

#### Date

10/04/02

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
PRESIDENT	TREY HENSLEY	14121 SW 31 ST.	MIRAMAR, FL 33027
VICED PRESIDENT	KEVIN BURDEN	14092 SW 32 ST.	MIRAMAR, FL 33027
SECRETARY	BRIDGIE BROWN	3104 SW 142 AVE	MIRAMAR, FL 33027

#### 10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02

Date

954-401-8789

Daytime Phone #

CR2E081 (9/01)