

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 14 AM 9:57

DOCUMENT # N01000007610

1. Corporation Name

Elton Manor Condominium Association, Inc.

2. Principal Office Address

19000 SW 53rd Street

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

Zip

33332

Country

Broward

3. Mailing Office Address

19000 SW 53rd Street

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

Zip

33332

Country

Broward

REINSTATEMENT

02-06

CR2E081 (12/05)

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

5. FEI Number
03-0420396

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

Matthew Whitehead

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

19000 SW 53rd Street

Suite, Apt. #, Etc.

City

Southwest Ranches

State

FL

Zip Code

33332

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

X *Matthew Whitehead*

Date

7/11/06

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
P	Matthew Whitehead	19000 SW 53rd Street	Southwest Ranches, FL 33332
S	Amy Love	19000 SW 53rd Street	Southwest Ranches, FL 33332
T	Cheryl Morgan	19000 SW 53rd Street	Southwest Ranches, FL 33332

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 contained in Chapter 119, 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:

X *Matthew Whitehead*

Matthew Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06

Date

954-556-8811

Daytime Phone #