PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 31 PM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008305

1. Corporation Name

POMPANO BEACH COMMUNITY REDEVELOPMENT
AGENCY PLAT HOMEOWNERS' ASSOCIATION, INC.

200024297892
10/31/03--01007--013 **236.25

2. Principal Office Address	**3.** Mailing Office Address
100 W. ATLANTIC BLVD.	100 W. ATLANTIC BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
POMPANO BEACH, FL	POMPANO BEACH, FL

Zip	Country	Zip	Country
33060	US	33060	US

4. Date Incorporated or Qualified To Do Business in Florida 10/29/2002

5. FEI Number   [X] 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 T. C. BROADNAX

Street Address (P.O. Box Number is Not Acceptable) 100 W. ATLANTIC BLVD.

REINSTATEMENT

Suite, Apt. #, Etc.

City POMPANO BEACH   State FL   Zip Code 33060

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 10/27/03

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
PVS	T.C. BROADNAX	100 W. ATLANTIC BLVD.	POMPANO BEACH, FL 33060
D	KAY MCGINN	2460 SE 5TH STREET	POMPANO BEACH, FL 33062
D	LAMAR FISHER	290 SE 5TH TERR.	POMPANO BEACH, FL 33060
D	E. PAT LARKINS	1534 NW 4TH PLACE	POMPANO BEACH, FL 33060
D	SUSAN FOSTER	1671 NE 32ND COURT	POMPANO BEACH, FL 33064
D	GEORGE BRUMMER	4000 N. CYPRESS DRIVE	POMPANO BEACH, FL 33060

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: _____   Date 10/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #

CR2E081 (10/02)