PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -6 AM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02429

1. Corporation Name

Glen Oaks Homeowners' Association, Inc.

REINSTATEMENT 02-03

200018304862
05/06/03--01096--020 **297.50

2. Principal Office Address		**3.** Mailing Office Address	
300 S. Pine Island Rd.		300 S. Pine Island Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 304		Suite 304	
City & State		City & State	
Plantation, FL		Plantation, FL	
Zip	Country	Zip	Country
33324	Broward	33324	Broward

4. Date Incorporated or Qualified To Do Business in Florida: 4-9-84

5. FEI Number: 650008115 ☐ 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: Jeffrey A. Sarrow, Esq.

Street Address (P.O. Box Number is Not Acceptable): 300 South Pine Island Road

Suite, Apt. #, Etc.: Suite 304

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: Jeffrey A. Sarrow — REGISTERED AGENT MUST SIGN — Date: April 25, 2003

CR2E081 (10/02)

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/D	Jeffrey A. Sarrow	300 S. Pine Island Rd. Suite 304	Plantation, FL 33324
VP/D	Perry Patterson	10325 NW 6 Crt	Coral Springs, FL 33071
T/D	Sam Gasparoni	609 NW 102 Ave.	Coral Springs, FL 33071

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: Jeffrey A. Sarrow President 4-25-03 954-475-3188

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