

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000000543

1. Corporation Name

3020 NE 5 TERRACE TOWNHOUSE ASSOCIATION, INC.

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

3026 NE 5 TERRACE

3. Mailing Office Address

915 MIDDLE RIVER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 506

City & State

WILTON MANORS, FLORIDA

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

USA

Zip

33304

Country

USA

7. Name and Address of Current Registered Agent

Name

WILLIAM M. KARNEY, ESQUIRE

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

915 MIDDLE RIVER DRIVE

Suite, Apt. #, etc.

SUITE 506

City

FORT LAUDERDALE

State

FL

Zip Code

33304

4. Date Incorporated or Qualified
To Do Business in Florida

5. REI Number

20-2481357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William M. Karney

REGISTERED AGENT MUST SIGN

Date

May 25, 2007

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	ROBERT PERRINE	3016 NE 5TH TERRACE	WILTON MANORS, FLORIDA 33334
VP	ROBERT WILLS	3028 NE 5TH TERRACE	WILTON MANORS, FLORIDA 33334
T	TIMOTHY CAMERON	3026 NE 5TH TERRACE	WILTON MANORS, FLORIDA 33334
S	EDWARD RAARUP	3018 NE 5TH TERRACE	WILTON MANORS, FLORIDA 33334

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:

Robert Perrine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 May 2007

Date

954-537-406

Daytime Phone #

REINSTATEMENT 05-07
CR2E081 (1/07)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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