


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04667

1. Corporation Name

Taylor Patio Homes Association, Inc.

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

2501 Taylor St. # D

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

USA

3. Mailing Office Address

2501 Taylor St.

Suite, Apt. #, etc.

D

City & State

Hollywood, FL

Zip

33020

Country

USA

7. Name and Address of Current Registered Agent

Name

Mara Valerio

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

2501 Taylor St.

Suite, Apt. #, Etc.

D

City

Hollywood

State

FL

Zip Code

33020

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



REGISTERED AGENT MUST SIGN

Date 3/22/11

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 -	Mara Valerio	2501 Taylor St. # D	Hollywood, FL 33020
Treasurer -	Joseph Staekens	2501 Taylor St. # C	Hollywood, FL 33020
Secretary -	Joy Staekens	2501 Taylor St. # C	Hollywood, FL 33020

10. E-mail Address: Mara.Valerio@browardschools.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

 - Mara Valerio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/2011 (754) 321-1520 office

Daytime Phone #

FILED

11 MAR 25 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600199354556

03/25/11--01037--004 **297.50

REINSTATEMENT 10-11

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/84

5. FEI Number

59-2442288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

954 3c
246.9490 cell