PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 7:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N05680

1. Corporation Name

OUR PLACE HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
6048 NW 3rd Street	P.O. Box 936643
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate, Florida	City & State: Margate, Florida
Zip: 33063 Country: U.S.	Zip: 33093 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/84

5. FEI Number: 592686594 ☐ 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: Bakalar, Brough & Chadrow, P.A.

Street Address (P.O. Box Number is Not Acceptable): 150 South Pine Island Road

200030577082
03/16/04--01094--024 **297.5

Suite, Apt. #, Etc.: Suite 540

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 617.0505, F.S.

Signature of Registered Agent: Scott J. Levine, Esq. Agent Date: 3/10/04
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	Bernadette Cadette	6048 NW 3rd Street	Margate, FL 33063
VP	Lupe Mieszkowski	6024 NW 3rd Street	Margate, FL 33063
T	Kimberly Thomas	6030 NW 3rd Street	Margate, FL 33063
S	Dionne Delva	6068 NW 3rd Street	Margate, FL 33063
D	Bob Waters	6008 NW 3rd Street	Margate, FL 33063
D	Karen Sabarom	6050 NW 3rd Street	Margate, FL 33063

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: Bernadette Cadette, President 3/2/04 954-970-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #