

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 11 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09
CR2E081 (12/08)

DOCUMENT # NO 6000006008

1. Corporation Name

Mosaic Homeowners Association, INC

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

1230 NE 12th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

1230 NE 12th Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/5/2006

5

571240021

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

Hoffman, Stephen V. Esq

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

1500 N. Federal Highway

Suite, Apt. #, etc.

Ste 200

City

Fort Lauderdale

State

FL

33304

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

2-4-09

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	Stuart Jordan	1230 NE 12th Ave	Fort Lauderdale, FL 33304
VP	Scott Sauerwine	94 Grandville Dr.	Kingston, PA 18704
ST	Tami Jordan	1230 NE 12th Ave	Fort Lauderdale, FL 33304

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:

Stuart Jordan

2/4/09

305 433 0067