## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR S			DEPARTMENT OF STATE  Katherine Harris  Secretary of State			PARETARY OF SI OUTSION OF CORPORY	44	
			/ISION OF CORPORATIONS			OLD-	AIE VIIOMS	
DOCUMENT # N06071  1. Corporation Name.					01 DEC 17 PM 2:48			
198 TERRAGE HOMEOWNERS ASSOCIATION, INC.							-	
<sup>1</sup> / <sub>2</sub>								
Principal Place of Business Mailing Address					1 10001101	ii: 84::8 8::1 8E:1 8E:1 ;88E: 1(8: E(B); 2:8:1 8	1811 BIBTI BIBU BIBU 1882	
4839 SW 148 AVE4839 SW 14			BAVE					
FORT LAUDERDALE FL 33330 FOR			IT LAUDERDALE FL 33330		1106116871	(51 MBS   10   11 MB   11 MB	. 7	
If above a	ddresses are incorrect in any wa	<del>-US</del> ray, line through incorrect	formation and enter correction below		INCIPTEMENT O(			
2. New Prin	ncipal Office Address, If Applica	ling Office Address, If	g Office Address, If Applicable 1 LC 14-		orated or Qualified ness in Florida	00/1004		
Suite, Apt. #, etc. Suite, Apt. 5350 SW 198 Terrace 5350					5. FEI Number	11/0	08/1984	
City & State 4 City & St			WEST RANCHES FL			NOT APPLICABLE	Applied For Not Applicable	
Zip Country Zip					6. CERTIFICATE OF STATUS DESIRED   58.75 Additional Fee required for a Certificate of Status			
Zip 3 3 3 3 2 Country USA Country USA Certificate of Status Desired for a Certificate of Status  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of O and/or Direct	Street Address of Each Officer and/or Director		1	City / State / Zip			
<b>.</b> •	HARTMANN, ROBERT	5441 SW 198TH TERRACE			FORT LAUDERDALE FL 33332			
D	HENNESSY, 3	5350 Su	5350 SW 198 TEREA		ACE SOUTHWEST RANCHES			
<b>₽</b> D	LUCK, MARILYN	4921 SW 198TI	4921 SW 198TH TERRACE		FORT LAUDERDALE FL 33332 Southwest Ranches			
<b>75</b> P	HENNESY, FRANCINE		5350 SW 198 TERRACE		FORT LAUDERDALE-FL 33332,			
Δ	Thompson, J	5900 SW 198 TE KLACE 5980		eace -	Southwest RANKLES			
# T D	-CHWODHURY, TAUFLOU Thompson, CAR.	4928 SOUTHWEST 198 TERRACE		_	FORT LAUDERDALE FL 33332 SOUTHWEST RANCHES			
<b>\$</b> D	ALESHIRE, CHARLES - MAUZY, NOR	SOUTHWEST 198TH TERRACE		_	FORT LAUDERDALE FL 33332 SOUTHWEST RANCHES			
, <b>#</b> D	SALAS, <del>818ELA</del> RALPH 4839-SW 148 AVE #410-				T 198 TEN	<i>ACE</i>   <del>Fort Lauderbale</del> FL 33	3330	
Ď	ALESHIRE, SUZY 49			1930 SOUTHWEST 198 TERRACE SOUTH VEST RANCAES  9. Name and Address of New Registered Agent				
8. Name and Address of Current Registered Agent  Name								
					CINE +	tennessy.	AINIU S	
4839 SW 148 AVE 5350					Õ SW	198 TETTACE	,	
FORT LAUDERDALE FL 33330  Suite, Api. # Etc.								
Southwest RANCHES FL 33332							<del></del>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent — Date /2/9/01  REGISTERED AGENT MUST SIGN — Date /2/9/01								
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 filling 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 action 119.07(3)(1). 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.  1. 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 filling 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 action 119.07(3)(1). 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.  1. I certify that I am an officer or director of the receiver of the corporation for the receiver of the corporation for the corporation for the receiver of the corporation for t								
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Daytime Phone #

SIGNATURE: FRANCISCO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR