

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 12 AM 8:06

DOCUMENT # N06184

1. Corporation Name

Holiday Village mobile home association of  
*Pompano Inc.*

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

1708 sw 7 Drive

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA

3. Mailing Office Address

1708 SW 7 DRIVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11-15-1984

5. FEI Number  
65-0052885

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  
ROD TUBBERGEN

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

1708 SW 7 DRIVE

Suite, Apt. #, Etc.

City  
POMPANO BEACH

State  
FL

Zip Code  
33060

☒ 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

Date 11-06-2008

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
D	ROD TUBBERGEN	1708 SW 7 DRIVE	POMPANO BEACH, FL 33060
D	JENNIFER HYDE	1711 SW 7 DRIVE	POMPANO BEACH, FL 33060
D	TIMOTHY COVERT	1782 SW 9 DRIVE	POMPANO BEACH, FL 33060
D	JO WIACEK	1687 SW 7 DRIVE	POMPANO BEACH, FL 33060
D	JOSEPH HYDE	1711 SW 7 DRIVE	POMPANO BEACH, FL 33060

600137845296  
11/12/08--01023--003 \*\*192 50

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:

ROD TUBBERGEN

11-06-2008

954-941-3713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #