


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000008017	
1. Entity Name ATLANTIC EAST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3091 GRIFFIN ROAD DANIA BEACH, FL 33312	Mailing Address 3091 GRIFFIN ROAD DANIA BEACH, FL 33312
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2. Principal Place of Business - No P.O. Box # 111 SE 7th Way	3. Mailing Address 111 SE 7th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33062	Country USA
Zip 33062	Country USA

6. Name and Address of Current Registered Agent LANDIS & MALLINGER, P.L. 980 NORTH FEDERAL HIGHWAY SUITE 302 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name: Residents of Atlantic East, LLC Street Address: 111 SE 7th Way City: Pompano Beach, FL 33060
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert Johns President DATE: 6/24/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JOHNS, ROBERT 3091 GRIFFIN ROAD 111 SE 7th Way DANIA BEACH, FL 33312 Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800158213848 07/07/09--01028--011 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KRIEFF, RICHARD 3091 GRIFFIN ROAD 111 SE 7th Way DANIA BEACH, FL 33312 Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRIEFF, LOIS 3091 GRIFFIN ROAD 111 SE 7th Way DANIA BEACH, FL 33312 Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Johns DATE: 6-24-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
2009 JUL -7 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

7 2009