PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mwb 11-27-96

DOCUMENT # N12157

1. Corporation Name
AQUA ISLES MOBILE Home PARK TENANTS ASSOC. INC.

Principal Place of Business	Mailing Address
4717 SW 39 WAY Ft Lauderdale FL 33312	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1996

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
T. WALTER	SAME
Suite, Apt. #, etc.: 4717 SW 39 WAY	Suite, Apt. #, etc.
City & State: Ft LAUDERDALE	City & State
Zip: 33312 County: BROWARD	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11-19-1985

5. FEI Number: 59-2617955 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LALIBERTE, FELIX	4710 SW 39 WAY	Ft Lauderdale
VD	T. WALTER	4717 SW 39 WAY	Ft Lauderdale
TD	PARENT, ALIDA	4711 SW 39 WAY	Ft Lauderdale
SD	MILLER-CLAUDETT Therrient		Ft Lauderdale
PT	ANDERSON, DON	3970 SW 47 Ct	Ft Lauderdale

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8. Name and Address of Current Registered Agent

BRODEUR, JEAN
4717 SW 39 WAY
Ft Lauderdale

9. Name and Address of New Registered Agent

Name: T.W. WALTER
Street Address (P.O. Box Number is Not Acceptable): 4717 SW 39 WAY
Suite, Apt. #, Etc.:
City: Ft Lauderdale | State: FL | Zip Code: 33312

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: Jean Brodeur Thomas Walter Date: 10-28-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: [signature] 10-27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FELIX LALIBERTE