PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV 14 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15113

1. Corporation Name
Emerald Oaks Condominium Association, Inc.

2. Principal Office Address	3. Mailing Office Address
8211 W. Broward Blvd	8211 W. Broward Blvd.
Suite, Apt. #, etc. Penthouse #1	Suite, Apt. # etc. Penthouse #1
City & State Plantation, FL	City & State Plantation, FL
Zip 33324 Country U.S.A.	Zip 33324 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 5/27/86

5. FEI Number 592722406 ☐ 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: Stephen J. Straley, P.A.

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-12/05/00--01087--011
****245.00 ****245.00

Street Address (P.O. Box Number is Not Acceptable): 3990 Sheridan Street

REINSTATEMENT 00 | 18

Suite, Apt. #, Etc: 109

City: Hollywood State: FL Zip Code: 33021

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: [signature] REGISTERED AGENT MUST SIGN Date: 11/8/00

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/D	Mike Franco	3431 Water Oak Drive	Hollywood, FL 33021
D	Adam Linkhorst	3318 Old Oak Lane	Hollywood, FL 33021
S/D	Marie St. James	3503 Emerald Oaks Drive	Hollywood, FL 33021
V/D	Ivan Cosimi	3433 water Oak Drive	Hollywood, FL 33021
D	Dick Forno	3565 Arbor Lane	Hollywood, FL 33021
T/D	Perry Richter	3334 Old Oak Lane	Hollywood, FL 33021

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 under section 119.07(3)(i), 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: [signature] / Mike Franco, President 11/8/00 954/989-3280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N15113

Page 2 of 2

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	Martin Cohen	3419 Emerald Oaks Drive	Hollywood, FL 33021