


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N15300 1. Entity Name PROFESSIONAL ARTS CENTRE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 NW 70 AVE PLANTATION, FL 33317 US			Mailing Address C/O VMD REALTY P.O. BOX 24627 FT. LAUDERDALE, FL 33307 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address CP STATE REALTY Suite, Apt. #, etc. 5505 Pembroke Rd City & State Hollywood FL Zip 33021 Country BROWARD			
Suite, Apt. #, etc.		4. FEI Number 59-2667418			
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		6. Name and Address of Current Registered Agent MICHAEL PATTEN 300 NW 70TH AVE PLANTATION, FL 33317			
Country		7. Name and Address of New Registered Agent Name STATE REALTY JOHN KEATING Street Address (P.O. Box Number is Not Acceptable) 5505 Pembroke Rd Hollywood FL City FL Zip Code 33021			
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 <u><i>Dr. Michael Patten</i></u> (JOHN D KEATING) <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGER BORRELLO 300 NW 70TH AVE PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTEN, MICHAEL 300 N.W. 70TH AVENUE PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WERBLE, PHILIP 300 NW 70 AVE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETTI, PETER 300 NW 70 AVE FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Dr. Michael Patten</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		

FILED

07 FEB 27 AM 8:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



011 REIN-NA 009 (1/07) 06-07

REINSTATEMENT

FL Zip Code 33021

\$73.11

200091016252
03/06/07--01026--029 **122.50