

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

06 MAR 28 AM 9:36

DOCUMENT # N18534

1. Corporation Name

S.F. INDUSTRIAL SITES PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address

2850 Stirling Road

Suite, Apt. #, etc.

Suite C

City & State

Hollywood, Florida

Zip
33020

Country
USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1986

5. FEI Number

592826151

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

Fred A. Zorovich

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

2850 Stirling Road

Suite, Apt. #, Etc.

Suite C

City

Hollywood

State

FL

Zip Code

33020

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 3-23-06

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
SEC	Stanley Warren	2850 Stirling Road	Hollywood, FL 33020
PRES	Fred A. Zorovich	2850 Stirling Road	Hollywood, FL 33020
VP	Steve Raffa	4155 N.W. 135 Street	Opa Locka, FL 33054

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-06

Date

954-923-1466

Daytime Phone #

3/31/06