

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 25 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21096

1. Corporation Name
EMERALD FOREST ROAD ASSOCIATION, INC.

Principal Place of Business .2994 JOG RD., SUITE B GREENACRES FL 33467 US	Mailing Address 2994 JOG RD., SUITE B GREENACRES FL 33467 US
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REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	06/10/1987	SP
5. FEI Number	65-0056879	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	ZIKER ALLAN	13300 OPAL LANE	WELLINGTON FL
VPD	STEVE GAGNE	13182 A QUIET WOODS RD.	WELLINGTON FL
T	STEVE SACKS	1224 COLUMBINE PL	WELLINGTON FL
VPD	RICHARD SOMMERS	1560 LAKE BREEZE DR.	WELLINGTON FL
			400003032844--3 -11/02/99--01081--022 ****175.00 ****175.00

8. Name and Address of Current Registered Agent ALLAN ZIKER 13300 OPAL LANE WELLINGTON FL 33414	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 400003032844--3 -11/02/99--01081--023 City ****175.25 State FL
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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: Allan Ziker REGISTERED AGENT MUST SIGN Date: 10/18/99

11. 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: Allan Ziker - Allan A. Ziker 10/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)