

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21365

1. Corporation Name

Falcon's Lea Patio Homeowner's
Association, Inc.

2. Principal Office Address - No P.O. Box #

14950 Norfolk Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

14950 Norfolk Ln.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33331

Country

Broward

Zip

33331

Country

Broward

REINSTATEMENT 04-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0026751

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

Jeff Sanford

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

6111 Swinden Lane

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jeff Sanford

REGISTERED AGENT MUST SIGN

Date 3-27-07

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	Jeff Sanford	6111 Swinden Lane	Davie, FL 33331
V	Gynthia Machanic	15100 Norfolk Lane	Davie, FL 33331
S	Heather Skinkis	15210 Norfolk Lane	Davie, FL 33331
T	Christine Buckley	15221 Norfolk Lane	Davie, FL 33331
D	Ivan Alicea	6270 Plymouth Lane	Davie, FL 33331

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:

Christine Buckley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 (954) 802-7052

Date

Daytime Phone #

jc 4/4