

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 17 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N24504

1. Corporation Name

QUATRAINE THREE - PHASE I HOMEOWNERS'  
ASSOCIATION

2. Principal Office Address

2950 N 28TH TERRACE

3. Mailing Office Address

2950 N 28TH TERRACE

Suite, Apt. #, etc.

c/o CONTINENTAL GROUP

Suite, Apt. #, etc.

c/o CONTINENTAL GROUP

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/26/88

5. FEI Number

650020967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

STEVEN S. VALANCY, P.A.

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

311 SE 13TH STREET

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

REGISTERED AGENT MUST SIGN

Date 09-30-03

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
Pres	Shari Bernhard	878 NW 99th Avenue Plantation FL 33324	Plantation, FL 33324
VPT/ Treas	Vivian Isarr	883 NW 99 AVE	Plantation, FL 33324
Sec	Joyce Fadick	812 NW 99 AVE	Plantation FL 33324
Director	Gil Gauck	9977 NW 9th CT	Plantation FL 33324
Dir	Judy Kopelow	9933 NW 9th CT	Plantation FL 33324
Dir	Todd Choe	9925 NW 9th CT	Plantation FL 33324

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:

Shari Bernhard

Shari Bernhard

Date

10/3/03

Daytime Phone #

CR2081 (10/02)

10/22