

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 JUN -6 AM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25112

1. Corporation Name
Pasadena Estates Homeowners Association, INC

2. Principal Office Address - No P.O. Box # 711 NW 204 Ave		3. Mailing Office Address PO Box 297183	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, Florida		City & State Pembroke Pines, Florida	
Zip 33029	Country USA	Zip 33029	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **03/01/1988**

5. FEI Number **65-0100365**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Todd Coleman Nelson

Street Address (P.O. Box Number is Not Acceptable)
711 NW 204 Ave

Suite, Apt. #, Etc.

City
Pembroke Pines

State
FL

Zip Code
33029

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 *Todd Nelson* Date **4/16/07**

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
	VP Lisa Sumby	20360 NW 4th Street	Pembroke Pines Fl. 33029
	Sec. Sandy Fleites	20251 NW 4th Street	Pembroke Pines Fl. 33029
	Tres. Christina Sutter	20380 NW 4th Street	Pembroke Pines Fl. 33029
	Pres. Todd Nelson	711 NW 204 Ave	Pembroke Pines Fl. 33029
			700108970437 05/05/07--01018--012 **122.50
			700108970437 05/05/07--01018--013 **61.25

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: *Todd Nelson* Date **6/3/07** Daytime Phone # **954-445-1014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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