

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -6 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27550

1. Corporation Name

THE PARK AT TANGLEWOOD
LAKES CONDOMINIUMS, INC.

2. Principal Office Address

7154 N. University Dr.

Suite, Apt. #, etc.

Suite # 213

City & State

Tamarac, Florida

Zip

33321

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Robert Kaye & Associates P.A.

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

6261 Northwest 6th Way

000060499510

Suite, Apt. #, Etc.

Suite 103

10/11/05--01060--005 #*297.50

City

Fort Lauderdale, FL 33309

State

FL

Zip Code

33309

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

Robert Kaye President

REGISTERED AGENT MUST SIGN

Date

9-30-05

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.	Christian SWARTZ	9551 SW 15 th Ct	Pembroke Pines, FL 33025
V.P.	Chris Clarke	151 SW 95 th Terrace #105	Pembroke Pines, FL 33025
Director	Mustag Maxwell	211 SW 95 th Terrace A102	Pembroke Pines, FL 33025
Director	Ruben Duran	151 SW 95 th Terrace A101	Pembroke Pines, FL 33025
Secretary	B.J. (Blawna Johnson)	151 SW 95 th Terrace #106	Pembroke Pines, FL 33025

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:

Christian Swartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/2005

Date

305 926-5571

Daytime Phone #

CR2E081 (01/05)