## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	_ <del>.</del>			
CORPORATION REINSTATEMENT		DEPARTMENT OF STATE Secretary of State Ision of corporations		FILED  08 OCT 27 AM 10: 10  NEY OF STATE AM 10: 10 ORIDA
DOCUMENT # N 33355				OBOCT 27 AMION OF STATE OF STA
			1.□ 10727	iOYぎ7320851 /0801046003 **297.50 ~
Screnity Place IV Condominium Association			10/21/	· 100==01046==003 ***297.50
Principal Office Address - No P.O. Box #     3. Mailing Office Address			DEI	NSTATL MENT
1501 NW 45		Same	KEI	CR2E081 (12/07)
Suite, Apt. #, etc.	Suite, Apt. #			
# (	C 1 City & State			orated or Qualified 17/21/89
State  Dec(C: U) & T	Search City & State		5. FEI Number	Applied For
Zip Country	Zip	Country	6.	0136095 Not Applicable
33064 US/	<b>1</b>		CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Carole Donovan			The reinstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable)			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	
Suite, Apt. #, Etc				
# 16-6			1	waived.
Deerfield	State 33064			
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 Auth Sauce Sep 36, 200				Date 5 26 26 2008
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 Directo		City / State / Zip
O C				Decreiol Beat &
P Carole Donovan 1531 NW 45th			= st. 4B6	
V aric Luban 1501 NW 4:			st*A6	B3064, 617 Drack 67
T Bethany Damon ISOI NW 45th St			1 4 A 9	33064 Searp, 46 .
5 Hillary South		1531 NWYS45 St. B.1		Beckereld Bruch, FL
J.	5 00.77		<del></del>	3.007
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Sole Designar Phone #				