

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 19 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37985**

1. Corporation Name

**IMAGES AT PEMBROKE POINTE
CONDOMINIUM NO. 20 ASSOCIATION, INC**

REINSTATEMENT 01-09

300159737923
08/19/09--01037--008 **726.25

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

160 NW 17th Street

3. Mailing Office Address

P.O. Box 630280

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33169

Country

Zip

33163-0280

Country

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

5. FEI Number

65-0220171

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name

MARSHALL KREMEN

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

160 NW 17th Street

Suite, Apt. #, Etc.

Suite 301

City

MIAMI

FL

State

Zip Code

FL

33169

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/5/09

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
DP	Chen, Jeffrey	10829 NW 3rd Court	Pembroke Pines, FL 33026
DT	KANTA, GINA	10825 N.W. 3rd Court	Pembroke Pines, FL 33026
DVP	COSSARI THOMAS	11906 NW 11 Street	Pembroke Pines, FL 33026

28/20

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] **THOMAS COSSARI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/09

Daytime Phone #

305-652-6969