

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38097**

1. Corporation Name
The Trails of Pembroke Pines Homeowners Association, Inc.

Principal Place of Business Mailing Address
**c/o DNS Property Management, Inc.
4800 S. Davie Road, Suite 103
Davie, FL 33314**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0294373	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Karen M. Ziel	5240 SW 202 Ave	Ft. Lauderdale FL 33332
V/P/D	Honnie N. Bergeron	20400 SW 51 Street	Ft. Lauderdale FL 33332
D	Zona Horton	20513 SW 52 Manor	Ft. Lauderdale FL 33332
S/D	Diana Lombardi	20500 SW 53 Manor	Ft. Lauderdale FL 33332
T/D	John Curd	20400 SW 53 Place	Ft. Lauderdale FL 33332

8. Name and Address of Current Registered Agent

**Irvin W. Nachman
4441 Stirling Road
Ft. Lauderdale, FL 33314**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/17/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: **Karen M. Ziel** **Karen M. Ziel / Pres.** **9-2-99** **954-4722201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Ext 3038

FILED

99 OCT 12 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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