

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG -6 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39430

1. Corporation Name

WENONAH PLACE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

450 N. PARK ROAD, SUITE 200

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA 33021

Zip

33021

Country

US

3. Mailing Office Address

450 N. PARK ROAD, SUITE 200

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

US

400022344704
08/15/03--01012--023 **420.00
REINSTATEMENT 2-03

**4. Data 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

MICHAEL S. ROSS

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

100 W. CYPRESS CREEK ROAD, SUITE 700

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

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

REGISTERED AGENT MUST SIGN

Date July 22, 2003

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
D, P, T	SIMON WEISS	450 N. PARK ROAD, SUITE 200	HOLLYWOOD, FLORIDA 33021
D, VP	BRUCE MICHAELSON	450 N. PARK ROAD, SUITE 200	HOLLYWOOD, FLORIDA 33021
D, S	MAYER BEHAR	450 N. PARK ROAD, SUITE 200	HOLLYWOOD, FLORIDA 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Simon Weiss

7/23/3

Date

954-962-9801

Daytime Phone #

CR2E081 (1/0/02)

7/27