

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N40655

1. Corporation Name

New River Center Maintenance Association, Inc.

2. Principal Office Address

200 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1660

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

200 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1660

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

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

11/05/90

5. FEI Number

65-0245621

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

CT Corporation

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

1200 S. Pine Island Road

Suite, Apt. #, etc.

City Plantation

State
FL

Zip Code
33324

200005273262--3

-04/16/02--01001-001

*****122.50 *****122.50

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

PETER F. SOUZA
REGISTERED AGENT MUST SIGN

Date

3/28/02

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	Richard D. Zipes	200 E. Las Olas Blvd., #1600	Ft. Lauderdale, FL 33301
D	Charles D. Rubenstein	200 E. Las Olas Blvd., #1600	Ft. Lauderdale, FL 33301
D	Howard Shapiro	200 E. Las Olas Blvd., #1600	Ft. Lauderdale, FL 33301

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

Richard D. Zipes, Director 3/22/02 954/712-2755

Date

Daytime Phone #

APPROVED
AND
FILED
02 MAR 29 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/01)

New River Center Maintenance Association, Inc.
c/o Las Olas Riverhouse Corporation
200 E. Las Olas Blvd., Suite 1660
Fort Lauderdale, FL 33301

March 22, 2002

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

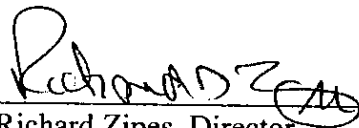
Gentlemen/Ladies:

Please be advised that we did not receive the Uniform Business Reports for the years 2001 or 2002, nor did we receive any notices or letters with regard thereto. Therefore, we kindly ask that any penalties for reinstatement of New River Center Maintenance Association, Inc., a Florida non-profit corporation, be waived.

Thank you for your consideration.

New River Center Maintenance Association, Inc.

By: _____


Richard Zipes, Director

CT CORPORATION

CORPORATION(S) NAME

New River Center Maintenance Association, Inc.

See
inside
for
fees
APM

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____ 3/29/02 Order#: 5236134

Availability _____

Document _____

Examiner _____

Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

RECEIVED
02 MAR 29 AM 11:31
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA