PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 41757

1. Corporation Name

Paradise Pines Homeowners Association, Inc.

Principal Place of Business	Mailing Address
4040 Sheridan Street Hollywood, Florida 33021	4040 Sheridan Street Hollywood, Florida 33021

REINSTATEMENT OP 96-97

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
633 South Federal Highway	P.O. Box 02-9010
Suite, Apt. #, etc.: Eighth Floor	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33301 Country: USA	Zip: 33302-9010 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/23/91

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [XX] $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/ P	Mark L. Schmidt	633 S. Federal Highway, 8th Floor, Ft. Laud., FL 33301	
D/VP	Celia Schmidt	633 S. Federal Highway, 8th Floor, Ft. Laud., FL 33301	
D/	Ahiza Johnson	12040 SW 21st Court, Davie, Florida 33325	
			200002140752--1 -04/11/97--01090--005 ******8.75 ******8.75
			200002140752--1 -04/11/97--01090--004 ****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Corporation Information Services, Inc. 1201 Hayes Street Tallahassee, Florida 32301 US	Name: Harvey K. Mattel Street Address (P.O. Box Number is Not Acceptable): 633 South Federal Highway Suite, Apt. #, Etc.: Eighth Floor City: Fort Lauderdale State: FL Zip Code: 33301

CR2E040 (12/96)

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: HKMattel
REGISTERED AGENT MUST SIGN
Date: 4-8-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97 (954) 763-5095
Date Daytime Phone #