PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 21 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41757

1. Corporation Name

Paradise Pines, HOA INC.

03-04

10-21-04 01261 004 #61.25

2. Principal Office Address	3. Mailing Office Address
6331 Stirling Rd.	P.O. Box 550274
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33314 Country:	Zip: 33325 Country:

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

5. FEI Number: 65-0745289 ☐ 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

REINSTATEMENT

Name: Darrell Braham

Street Address (P.O. Box Number is Not Acceptable): 6331 Stirling Rd.

Suite, Apt. #, Etc.:

City: Davie | State: FL | Zip Code: 33314

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: Darrell Braham — REGISTERED AGENT MUST SIGN

Date: Oct. 13 2004

CR2E081 (10/02)

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
DP	John Kelly	12025 SW 22nd CT.	Davie, FL 33325
DV	Felix Braverman	2130 SW 119th Terr.	Davie, FL 33325
DT	Grete Peck	2221 SW 120th Terr.	Davie, FL 33325
DS	Debra Caro	12010 SW 23rd CT.	Weston, FL 33327

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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: Marcy Kelly MARCY KELLY VP 10/17/04 954-915-0381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #