PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 27 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000478

1. Corporation Name

PRESERVE ESTATES AT CHAPEL TRAIL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21000 N.E. 28TH AVE. SUITE 207 NORTH MIAMI BEACH FL 33180	P.O. BOX 821825 SOUTH FLORIDA FL 33082-1825

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

3/23/99900630394 $61.25

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/03/1993

5. FEI Number: 65-0388400 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	YANNOTTI, BRUCE	960 NW 197TH AVE.	PEMBROKE PINES FL, 33029
VPD	FERNANDO, PINZON	19770 NW 9 DR	PEMBROKE PINES FL 33029
~~VPD~~	~~RIFKIN, DONALD~~	~~940 NW 197TH AVE.~~	~~PEMBROKE PINES FL~~
VPD	Esmerelda Campins	19850 NW 10th ST.	PEMBROKE PINES, FL 33029
SD	Marty Richey	19775 NW 9th Drive	PEMBROKE PINES, FL 33029

8. Name and Address of Current Registered Agent

KAHANE, STEPHEN
19905 NW 10TH STREET
PEMBROKE PINES FL 33029

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: [signature] Date: 10/23/99
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: [signature] BRUCE A. YANNOTTI 10/19/99 (954) 431-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Director/President

CR2E040 (6/98)

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Did not receive 3 your previous correspondence regarding this report. We trust the enclosed is what you are looking for

Bruce Jannette
Preserve Est.