PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 JUL -7 PM 12:07

SUBMITTED
07/07/20 · 01032 · 023 ** 236.25

CR2E081 (11/10)

DOCUMENT # N95000002667

1. Corporation Name
WEITZER HARMONY LAKES TOWNHOMES ASSOCIATION, INC

2 Principal Office Address - No P O Box #	3. Mailing Office Address
4350 SW 59 Ave. Bldg A	4350 SW 59 Ave., Bldg A
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33314 Country: US	Zip: 33314 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1995

5. FEI Number: 65-0630360 ☐ 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: SHANDELL & ASSOCIATES, P.A.

Street Address (P.O Box Number is Not Acceptable): 635 SE 10 STREET

Suite, Apt. # Etc: STE 635 A

City: DEERFIELD BEACH State: FL Zip Code: 33441

REINSTATEM

JUL 7 2020

R. HUNT

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: Laurence Smith REGISTERED AGENT MUST SIGN Date: 6/26/20

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
P	DECOSTE-ARCACHA, LEANNE	1535 W. HARMONY LAKES CIR	DAVIE, FL 33324
VP	SMITH, LAURENCE	1762 SW 110 TERR.	DAVIE, FL 33324
S	PARKER, TROY	1667 SW 109 TERR.	DAVIE, FL 33324
T	GIUGNO, GIUSEPPE	1517 W. HARMONY LAKES CIR	DAVIE, FL 33324
D	EKLE, RICHARD	11157 SW 17 MANOR	DAVIE, FL 33324

10. E-mail Address: INFO@DNSPROPERTIES.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 6/23/2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #