PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 AUG -9 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004246 (3)

1. Corporation Name
BROOKSIDE COVE HOMEOWNERS'ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~101 NW 72nd Ave~~ Plantation FL 33317	~~101 NW 72nd Ave~~ ~~Plantation FL~~ 33317

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

REINSTATEMENT 98-99@

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6685 NW 69 Ct	6685 NW 69 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac Florida	City & State: Tamarac Florida
Zip: 33321 Country: Broward	Zip: 33321 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 9/01/95

5. FEI Number: 65-0608889 ☐ 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)

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
P/D	Director Olusoji Olukolu	6685 NW 69 Ct	Tamarac Fl 33321
V/D	Director Andrew Simeon	6736 NW 69 Ct	Tamarac Fl 33321
T/D	Director Marcia Allen	6866 NW 69 Ct	Tamarac Fl 33321

000002960090--5
-08/16/99--01007--006
****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
George E. McArdle, Jr 101 NW 72nd Ave Plantation FL 33317	Name: Olusoji Olukolu Street Address (P.O. Box Number is Not Acceptable): 6685 NW 69 Ct Suite, Apt. #, Etc. City: Tamarac State: FL Zip Code: 33321

CR2E081 (12/98)

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] REGISTERED AGENT MUST SIGN Date: 7-19-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (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 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] 7-19-99 954-718-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Olusoji Olukolu