

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 12 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001149

1. Corporation Name

SWAN'S LANDING HOMEOWNERS ASSOCIATION, INC

2. Principal Office Address

C/O CAMPBELL Prop. mgmt
1215 E. HILLSBORO BLVD

3. Mailing Office Address

C/O CAMPBELL Prop. mgmt.
1215 E. HILLSBORO BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

BROWARD

Zip

33441

Country

BROWARD

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

2/28/96

5. FEI Number

650686828

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

CAMPBELL PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

1215 E. HILLSBORO BLVD

900057278149
07/11/05--01022--003 ***358.75

Suite, Apt. #, Etc.

City

DEERFIELD BEACH,

State

FL

Zip Code

33441

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

[Signature]

Date

6-27-2005

REGISTERED AGENT MUST SIGN

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 | NEWMAN, JEFF | 6190 SWAN'S TERRACE | COCONUT CREEK, FL 33073 |
| V | WILLS, DEBBIE | 6191 SWAN'S TERRACE | COCONUT CREEK, FL 33073 |
| T | COSEO, SUSAN | 6210 SWAN'S TERRACE | COCONUT CREEK, FL 33073 |
| S | NEWMAN, DEBORAH | 6190 SWAN'S TERRACE | COCONUT CREEK, FL 33073 |
| | | | |
| | | | |

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:

[Signature] JEFF NEWMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/05

Date

5814383168

Daytime Phone #

CR2E081 (01/05)