PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

900024511119
11/07/03--01062--010 **542.50

REINSTATEMENT 98-03

DOCUMENT # N96000003891

1. Corporation Name
Eagle Creek Homeowners Association

2. Principal Office Address	**3.** Mailing Office Address
953 University Dr	953 University Dr
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Coral Springs FL	City & State: Coral Springs, FL
Zip: 33065 Country: U.S.A.	Zip: 33065 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/1994

5. FEI Number: 650539212 ☐ 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: John Whittle c/o Integrity Property Mgt.
Street Address (P.O. Box Number is Not Acceptable): 953 University Dr
Suite, Apt. #, Etc. —
City: Coral Springs State: FL Zip Code: 33065

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: John C. Whittle, Agent Date: 11/02/03
REGISTERED AGENT MUST SIGN

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
SD	Donna Fox	11824 Royal Palm Blvd.	Coral Springs, FL 33065
D	Eleonora Frozzitta	11856 Royal Palm Blvd.	Coral Springs, FL 33065
VP	Arlyne Morgenstern	11852 Royal Palm Blvd.	Coral Springs FL 33065
PD	Mark Rosenberg	11888 Royal Palm Blvd.	Coral Springs FL 33065

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: Mark Rosenberg Pres 11/3/03 9543460677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #