

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001657

1. Corporation Name Venetian Isles at Lake Coral Springs
Community Association, Inc.

2. Principal Office Address
8190 State Road 84

Suite, Apt. #, etc.

City & State
Davie, Florida

Zip
33324

Country
USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/23/98

5. FEI Number
65-0834556

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

Patricia Kimball Fletcher, P.A. c/o Duane, Morris & Heckscher, LLP

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

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 3410

City

Miami

State
FL

Zip Code
33131

REINSTATEMENT 0018

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**

Patricia K Fletcher

Date 10/20/00

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/D	Torey Eisenman	8190 State Road 84	Davie, FL 33324
V/D	Greg Messick	8190 State Road 84	Davie, FL 33324
S/T/D	Greg Blair	8190 State Road 84	Davie, FL 33324

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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:

Torey Eisenman
Torey Eisenman, President

Date 10/20/00

Daytime Phone # 954/370-0003

CR2E081 (9/99)