

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL -2 PM 1:20

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 098000002166

**1. Corporation Name**

Melrose Homes at Monarch Lakes  
Homeowners Association, Inc.

**REINSTATEMENT**

**2. Principal Office Address - No P.O. Box #**

2950 N. 28<sup>th</sup> Terrace

Suite, Apt. #, etc.

**3. Mailing Office Address**

c/o The Continental Group, Inc.  
2950 N. 28<sup>th</sup> Terrace

Suite, Apt. #, etc.

CR2E081 (1/07)

**City & State**

Hollywood, FL

Zip

33020

Country

USA

**City & State**

Hollywood, FL

Zip

33020

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/15/98

**5. FEI Number**

650735036

**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**

Katzman & Korr

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

1501 NW 49<sup>th</sup> Street, Ste. 202

Suite, Apt. #, Etc.

**City**

Ft. Lauderdale

**State**

FL

**Zip Code**

33309

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

REGISTERED AGENT MUST SIGN

Date 10/25/07

**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	Richard Thompson	2742 SW 127 Ave	Miramar, FL 33027
VP	Tena Williams	12999 SW 27 St	Miramar, FL 33027
S	Moses Madison	12612 SW 28 St	Miramar, FL 33027

300105154188  
07/02/07--01068--014 \*\*358.75

**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 contained in Chapter 119, 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:

Richard J. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

Daytime Phone #