

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ND8060003522

1. Corporation Name

June Groves Homeowners' Association, Inc

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

11606 NW 19 Dr.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip 33071

Country USA

3. Mailing Office Address

PO Box 70850

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip 33071

Country USA

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

6/17/98

5. FEI Number

592051142

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 Brook Property Mgmt

Street Address (P.O. Box Number is Not Acceptable)
11606 NW 19 Dr.

Suite, Apt. #, Etc.

City Coral Springs

State FL

Zip Code 33071

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/28/07

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	Robert Stevens	18193 SW 16 St	Davie, FL 33325
ST	Peter Tonyan	13190 SW 16 St	Davie, FL 33325
VP	Taimie Suez	13132 SW 19 Street	Davie, FL 33325
D	Dave Adcock	1603 SW 132 way	Davie, FL 33325

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:

Robert G. Stipe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 T.D.M. (954) 723-9511

Date

Daytime Phone #

FILED

07 MAY 17 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/31/07--01008--011 **358.75

REINSTATEMENT