

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #N98000005576

1. Corporation Name

PARKSIDE AT ROYAL PALM HOMEOWNERS
ASSOCIATION, INC.FILED
JAN 18 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA800009490758
02/24/03--01006--019 **61.25

REINSTATEMENT 02-03

2. Principal Office Address

10034 W. McNAB RD

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip

33321

Country

BROWARD

3. Mailing Office Address

PO BOX 9490

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33075

Country

BROWARD

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

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

James R Miles

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

10034 W McNab Rd

Suite, Apt. #, Etc.

City

TAMARAC, FL

State

FL

Zip Code

33321

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 1/3/03

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
PD	ROBERT DELTORO	10034 W McNab Rd	TAMARAC, FL 33321
VPD	JOHN DELTORO	10034 W McNab Rd	TAMARAC, FL 33321
TD	RHONDA PERLMUTTER	10034 W McNab Rd	TAMARAC, FL 33321
SD	BOB PERLMUTTER	10034 W McNab Rd	TAMARAC, FL 33321
D	BUTCH HARPEL	10034 W McNab Rd	TAMARAC, FL 33321

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:

James R. Miles

12/5/02