

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 DEC 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000103753

1. Corporation Name

Pompano Shores Development Company

2. Principal Office Address

1380 South Ocean Blvd.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33062

Country

USA

3. Mailing Office Address

1380 South Ocean Blvd.

Suite, Apt. #, etc.

City & State

Pompano Beach, Florida

Zip

33062

Country

USA

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

11/03/2000

5. FEI Number

None

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Mark L. Rosen

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

18250 N.W. 2nd Avenue

Suite, Apt. #, Etc.

C

City

Miami

State
FL

Zip Code

33169-5011

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

12/26/01

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	Gloria Hammond	600 Peachtree ST., # 1200	Atlanta, Georgia 30308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/01

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 538636 81095A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 27, 2001

ORDER TIME : 10:37 AM

ORDER NO. : 538636-005

CUSTOMER NO: 81095A

CUSTOMER: Andrew J. Johnston, Esq
Thomas W. Johnston, P.a.
Suite 301, Barnett Bank Bldg.
2335 East Atlantic Boulevard
Pompano Beach, FL 33062

DOMESTIC FILINGS

NAME: POMPANO SHORES DEVELOPMENT
COMPANY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
01 DEC 27 AM 11:31
DIVISION OF CORPORATION