

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 OCT 25 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000103753**

**1. Corporation Name**

Pompano Shores Development Company

**2. Principal Office Address**

1380 South Ocean Boulevard

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

USA

**3. Mailing Office Address**

1380 South Ocean Boulevard

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

USA

**REINSTATEMENT** 02

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

11/3/2000

**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

Mark L. Rosen

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

18250 NW 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

*Mark L. Rosen*

REGISTERED AGENT MUST SIGN

Date

10/23/02

**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 W. Peachtree St., N.E., Suite 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)(l), 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:**

*Gloria Hammond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2E081 (9/01)