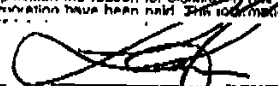


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FAX AUDIT NUMBER: H99000024965 8	
DOCUMENT # P94000090788					
1. Corporation Name CENTERLINE HOMES AT THE ARBORS, INC.					
Principal Place of Business			Mailing Address		
334 Lake Crest Court Fort Lauderdale, FL 33326					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/15/94, eff. 12/14/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0556977	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED ☐ \$16. Additional Fee required for a Certificate of Status.	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
D/P/T	Moscovitch, Lewis	334 Lake Crest Court	Fort Lauderdale, FL 33326		
D/VP	Perry, Craig	334 Lake Crest Court	Fort Lauderdale, FL 33326		
S	CERTIFIED BY: <u>Peter Ludwig</u> (P.E.), McCAUGHAN & O'BRYAN, P.A. 110 Northeast Third Avenue Suite 1100 Fort Lauderdale, FL 33301 (305) 462-3800 Florida Bar Number: <u>044517</u>				
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Cober Corporate Agents, Inc. 2601 South Bayshore Drive 19th Floor Miami, FL 33133			Name FMO Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 100 N.E. Third Avenue, Suite 1100 Suite, Apt. #, Etc. City Fort Lauderdale		
			State FL Zip Code 33301		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S.					
Signature of Registered Agent		Date		10/1/99	
 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:		 Lewis Moscovitch, President		10/1/99 Date	
FAX AUDIT NUMBER:		H99000024965 8		(954) 344-8040 Daytime Phone	

CREFORM (10/94)

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H99000024965 8)))

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : ENGLISH, MCCAUGHAN & O'BRYAN, P.A.
Account Number : 076067004147
Phone : (954) 462-3300
Fax Number : (954) 763-2439

CORPORATION REINSTATEMENT**CENTERLINE HOMES AT THE ARBORS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00