

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -4 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032049

1. Corporation Name

Signature Homes of Dade, Inc.

2. Principal Office Address

2852 University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

USA

3. Mailing Office Address

2852 University Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33065

Country

USA

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

April 19, 1995

5. FEI Number

65-0580724

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

R. Bowen Gillespie, III

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

1515 South Federal Highway, Suite 300

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton, FL

State

FL

Zip Code

33432

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

Date **4-26-01**

REGISTERED AGENT MUST SIGN

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	Steven Wallerstein	2852 University Drive	Coral Springs, FL 33065
ST	David Levine	2852 University Drive	Coral Springs, FL 33065

100004271471-6
-05/18/01 -01030--011
****900.00 ****900.00

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

Daytime Phone #

4-27-01 934-443-0038

CR2E081 (9/00)