## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR KEINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # P96000031400

Corporation Name

mupai flace of Business

332 N. E. 7th Ave.

VICTORIA PARK TOWNHOMES, INC.

Mailing Address

FILED

00 JUN 30 AM II: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>6/28/00</u> (954) 525-3220

|  | N. E. /th Ave.<br>Lauderdale, FL                    |                            | mi Drive<br>derdale,            | FL 33301  | :  |                           |                                 |                    |  |
|--|---|----------------------------|---------------------------------|---|--|---------------------------|---------------------------------|--------------------|--|
|  | 33301   |                            | ,                               | 12 33301  |  | •                         |                                 |                    |  |
| abour s  | Md  |                            | •                               |   | DETAIL   | CTATEM                    | ERIT                            | $(C_{1})$          |  |
| above addresses are incorrect in any way, line through incorrect inf New Principal Office Address, If Applicable 3. New Mailin |   |                            | g Office Address, If Applicable |   | 4 Date incom   | orated or Qualified       | ENT                             | 99.00              |  |
|  |   |                            |                                 |   |  |                           | 04/05/                          | 1996               |  |
| Suite, Apt. #  |   |                            | eic.                            |   | 5. FEI Numbe   |                           |                                 | Applied For        |  |
| y & State  |   | City & State               | City & State                    |   |  | 65-0657104 Not Applicable |                                 |                    |  |
|  | Country   | Zip                        | Country                         |   | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |                           |                                 |                    |  |
| Names a  | and Street Addresses of Each Officer ar             | nd/or Director (Flo        | rida nonprofit corpor           | ations must list at lea   | ast 3 directors)   |                           |                                 |                    |  |
| itle(s)  | Name of Officers and/or Directors 2                 |                            |                                 | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) |  | . City / State / Zip      |                                 |                    |  |
| 'D   | Weiss, Henry 105 M                                  |                            |                                 | urmi Driv   | 33301<br>Prive Ft. Lauderdale,F  |                           |                                 | 01<br>e,FL         |  |
| TD   | Weiss, Carol 10                                     |                            |                                 | 105 Nurmi Drive   |  | Ft. Lauderdale,FL 33301 ' |                                 |                    |  |
| , .  | Ratcliffe, Phil                                     | 105 Nurmi Drive            |                                 |   | Ft. Lauderdale,FL 33301  |                           |                                 |                    |  |
|  |   |                            | ن.                              |   |  | 000033                    | 117                             | nn                 |  |
|  |   |                            |                                 |   |  | -07/06/                   | 0 <del>00</del> 10              | 40019<br>***900.00 |  |
|  |   |                            | <i>i</i>                        |   | 0000033147000<br>-07/06/0001040020   |                           |                                 |                    |  |
| 8. Name and Address of Current Registered Agent  |   |                            |                                 | 9. Name and Address of 和的 中国 Stered Age   |  |                           |                                 |                    |  |
| Name   |   |                            |                                 |   |  |                           |                                 |                    |  |
| Weiss, Henry 105 Nurmi Drive   |   |                            |                                 |   | Streel Address (P.O. Box Number is Not Acceptable)   |                           |                                 |                    |  |
| Ft. Lauderdale, FL 33301   |   |                            |                                 | Suite, Apt. #, Etc.   |  |                           |                                 |                    |  |
| l heini  | 2 appointed the registered great at the             |                            |                                 | Crty  |  |                           | State Zip                       | Code               |  |
|  | g appointed the registered agent of the             | above ramed corp           | ا aucin, am tamular (<br>مار ما | wan and accept the o  | Digations of Sec   | tion 607.0505, F.S.       |                                 |                    |  |
| <u> </u>   | Agant C   | re e                       |                                 |   | <del></del>  | Date 6/2                  | <u>8/00</u>                     | •                  |  |
| _  | <u> </u>  |                            | ENT MUST SIGN                   | ····  |  |                           |                                 | ,                  |  |
| ı. Th  | nis corporation owes that<br>tangible Personal Prop | e current y<br>erty Tax di | rear<br>Je June 30.             | Yes   | □ No E   | (See o                    | other side for<br>on intangible |                    |  |
| - I certife  | Ital i am an officer or director or the re          |                            |                                 | - 41  |  |                           | · · · · ·                       |                    |  |

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

PRES.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.