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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000033586 1. Corporation Name CENTERLINE HOMES AT DELRAY, INC.			
2. Principal Office Address 825 Coral Ridge Drive Suite, Apt. #, etc.		3. Mailing Office Address 825 Coral Ridge Drive Suite, Apt. #, etc.	
City & State Coral Springs, FL Zip 33071		City & State Coral Springs, FL Zip 33071	
Country US		Country US	
4. Date Incorporated or Qualified To Do Business in Florida 04/13/1998		5. FEI Number 650841334	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Leopold, Kom & Leopold, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd.			
Suite, Apt. #, Etc. Suite 501			
City Aventura		State FL	Zip Code 33180
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 8/19/05	
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
P.T.	Craig Perry	825 Coral Ridge Drive	Coral Springs, FL 33071
V.P.S.	Stephen Margolis	825 Coral Ridge Drive	Coral Springs, FL 33071
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)(f), 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: 		Date 8/19/05	Daytime Phone # 954-344-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres.		Date	Daytime Phone #

REINSTATEMENT 03-05

CREATED (01/05)

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Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305) 935-3500
Fax Number : (305) 935-9042

CORPORATION REINSTATEMENT

CENTERLINE HOMES AT DELRAY, INC.

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