

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

FILED  
Sep 19, 2002 8:00 am  
Secretary of State

09-19-2002 90157 024 \*\*\*550.00

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P98000041879

1. Corporation Name

Parkwood at Colony West, Inc

80139477

2. Principal Office Address

% Consolidated Mgt

Suite, Apt. #, etc.

10034 W McNab Rd

City & State

TAMARAC, FL

Zip

33321

Country

USA

3. Mailing Office Address

% Consolidated Mgt

Suite, Apt. #, etc.

10034 W McNab Rd

City & State

TAMARAC, FL

Zip

33321

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6/10/1999

5. FEI Number

650840252

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

Consolidated Community Management

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

10034 W McNab Road

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date

9/6/02

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
PO	Doughty, Jim	10034 W McNab Rd	TAMARAC FL 33321
SO	Stafano, D	10034 W McNab Rd	TAMARAC FL 33321
TD	GAY, TOM	10034 W McNab Rd	TAMARAC FL 33321

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

9/6/02 954-718-9903

Date

Daytime Phone #

CR2E081 (9/01)