

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JAN -7 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076827

1. Corporation Name

Eagles Landing at Pine Island, Inc.

2. Principal Office Address

PO Box 290847

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 290847

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33329

Country

USA

Zip

33329

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 4, 1998

5. FEI Number

59-3566516

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

Chaimowitz, F.

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

5110 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State  
FL

Zip Code

33021-2827

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

*Chaimowitz, F.*

REGISTERED AGENT MUST SIGN

Date January 3, 2003

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
D	Chaimowitz, F.	5110 Sheridan Street	Hollywood, FL 33021-2827
D	Setti, Russell M.	PO Box 290847	Davie, FL 33329

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:

*Chaimowitz, F.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/2003 (954) 962-5557

Date

Daytime Phone #

CR2E081 (10/02)

2116