

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV -6 AM 10:56

DOCUMENT # **P99000024479**

1. Corporation Name
S.W. 157TH AVE FOUNTAINS ASSOCIATES, INC.

Principal Place of Business Mailing Address
450 S.W. 88TH TERRACE **450 S.W. 88TH TERRACE**
PEMBROKE PINES FL 33025 **PEMBROKE PINES FL 33025**



REINSTATEMENT

02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **03/16/1999**
 5. FEI Number Applied For
65-0913623 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KRAMER, ROBERT	450 S.W. 88TH TERRACE	PEMBROKE PINES FL 33025
D	BERGER, ARNOLD	450 S.W. 88TH TERRACE	PEMBROKE PINES FL 33025

AB 11/2
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~~11/28/00~~ ~~01103~~ ~~006~~
 *****750.00 *****750.00

8. Name and Address of Current Registered Agent
HODKIN, PETER M
ONE EAST BROWARD BLVD.
SUITE 1501
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **SIGNATURE REQUIRED** Date **10/26/00**
 REGISTERED AGENT MUST SIGN

11. 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]* **ROBERT B. KRAMER** Date **10/20/00** Daytime Phone # **954/437-4663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (800)