

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL 17 AM 11:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **NO6071 (7)**
 1. Corporation Name
198 Terrace Homeowners' Association, Inc.

Principal Place of Business
**c/o Marcia Funk
 5100 SW 198th Terrace
 Ft. Lauderdale, FL 33332-1516
 USA**

Mailing Address
**c/o Marcia Funk
 5100 SW 198th Terrace
 Ft. Lauderdale, FL 33332-1516
 USA**

REINSTATEMENT 910-97

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 11/08/84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number N/A	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	Hartmann, Robert	5441 SW 198 th Terrace	Ft. Lauderdale, FL 33332
S, D	Luck, Marilyn	4921 SW 198 th Terrace	Ft. Lauderdale, FL 33332
T, D	Funk, Marcia	5100 SW 198 th Terrace	Ft. Lauderdale, FL 33332
D	Chwodhury, Taufiqul	4928 SW 198 th Terrace	Ft. Lauderdale, FL 33332
D	Aleshire, Charles	4930 SW 198 th Terrace	Ft. Lauderdale, FL 33332
D	Salas, Gisela + Ralph	5300 SW 198 th Terrace	Ft. Lauderdale, FL 33332

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
		Name Robert J. HARTMANN DB 8-97			
		Street Address (P.O. Box Number is Not Acceptable) 5441 SW 198 TER 7-18			
		Suite, Apt. #, Etc. TA			
		City Ft Lauderdale		State FL	Zip Code 33332

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 **Robert J. Hartmann** **REGISTERED AGENT MUST SIGN** Date **6/15/97**
900002343209-1
-07/21/97-01119-014
*****297.50 ***297.50**
 (See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

12. 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: **Marcia Funk Treasurer** **6/15/97** **954-680-1702**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARCIA FUNK TREASURER

CR2E040 (12/96)