

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

733127

1. Corporation Name

LAKESHORE TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.

100012780001
02/19/03--01023--002 **236.25

2. Principal Office Address

6088 SW 41 ST

Suite, Apt. #, etc.

3. Mailing Office Address

6088 SW 41 ST

Suite, Apt. #, etc.

REINSTATEMENT 02-03

City & State

DAVIE, FL

City & State

DAVIE, FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2093763

Applied For

Not Applicable

Zip 33314

Country USA

Zip 33314

Country USA

6. CERTIFICATE OF STATUS DESIRED

3375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOPEZ, STEVE

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

6088 SW 41 ST

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

100012780001
03/18/03--01040--001 **61.25

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
PRES	LOPEZ STEVE-D 6088 SW 41 ST	6088 SW 41 ST	DAVIE, FL 33314
V. Pres	JULEE LOPEZ-D	6088 SW 41 ST	DAVIE, FL 33314
SEC	KATHY KENNEDY-D	6088 SW 41 ST	DAVIE, FL 33314
Dir	MARIE PEREZ-D	6088 SW 41 ST	DAVIE, FL 33314

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]

STEVE LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/02

Daytime Phone #

954-
854-0440

CR2E081 (10/02)