

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754944

1. Corporation Name
Lago Mar Membership Association, Inc
500 NW 127th Ave.

REINSTATEMENT 2004

2. Principal Office Address 500 NW 127th Ave.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft Lauderdale, FL		City & State	
Zip 33325	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/31/1980	
5. FEI Number 59-2032069	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Richard Woulfe			
Street Address (P.O. Box Number is Not Acceptable) 1126 SE 7th Street			
Suite, Apt. #, Etc.			
City Ft Lauderdale	State FL	Zip Code 33301	

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 Date 10/28/04

REGISTERED AGENT MUST SIGN

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
PD	Paul Gentile	same	
VPD	Jim Flautt	same	
VPD	Bob Ethridge	same	
TD	Rick Oren	same	
SecD	Drake Batchelder	same	410042985984 11/01/04--01074--025 **236.25

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: Date 10/24/04 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)