

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 27 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759951

1. Corporation Name

LAGO MAR WEST LODGE CONDOMINIUM
ASSOCIATION, INC.

W0000-6748

Principal Place of Business

Mailing Address

401 NW 127TH AVE, #11
PLANTATION, FL. 33325

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

4. Date Incorporated or Qualified
To Do Business in Florida

9/9/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2263932

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 89-00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-D	JOHN W. MCGOVERN	401 NW 127TH AVE, #11	PLANTATION, FL. 33325
VP-D	ELIZABETH MCGOVERN	401 NW 127TH AVE, #11	PLANTATION, FL. 33325
S	HEATHER SHANAHAN	401 NW 127TH AVE, #3	PLANTATION, FL. 33325
T-D	NANCY PATTEN	401 NW 127TH AVE, #7	PLANTATION, FL. 33325
			200003195902--4 -04/04/00--01033--016 ****\$10.00 ****\$10.00

8. Name and Address of Current Registered Agent

MURDOCH, ROBERT E.
500 E. BROWARD BLVD, 7TH FL
BROWARD FINANCIAL CENTRE
FT. LAUDERDALE FL. 33394

9. Name and Address of New Registered Agent

Name ALBERT E. ROMANO JR CPA
Street Address (P.O. Box Number is Not Acceptable)
3300 N. 29TH AVE, STE 102
Suite, Apt. #, Etc.
City HOLLYWOOD, FL State FL Zip Code 33020

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

Albert Romano Jr CPA

Date

3/8/2000

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000

Date

305-887-7536

Daytime Phone #

KE

CR2EC01 (12/98)