

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

DOCUMENT # **764163**

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name  
**Lucerne Lakes Golf Colony #3 Condominium Assoc. Inc.**

Principal Place of Business Mailing Address  
**7268 Golf Colony Ct .  
 Lake Worth, FL 33467**

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	
Suite, Apt. #, etc.		2994 Jog Road		7-12-82	
City & State		Suite B		5. FEI Number	
Greenacres, FL		City & State		59-2555237	
Zip		Country		Applied For	
33467		USA		Not Applicable	
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
PD	Rocco Perillo	7185 Golf Colony Ct. #201	Lake Worth, FL 33467
VPD	Ester Staubnab	7209 Golf Colony Ct. #101	Lake Worth, FL 33467
STD	Violet Pace	7209 Golf Colony Ct. #102	Lake Worth, FL 33467

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 -08/20/97-01062-083  
 \*\*\*358.75 \*\*\*358.75

**REINSTATEMENT 95-97**

*G. Alan*  
 8/18/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
 REGISTERED AGENT MUST SIGN		Name	
		R.H. Gerrish c/o CMC Management, Inc.	
		Street Address (P.O. Box Number is Not Acceptable)	
		2994 Jog Road	
Suite, Apt. #, Etc.		Suite B	
City		State	Zip Code
Greenacres		FL	33467
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent.		Date	
Signature of Registered Agent		8-12-97	

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Rocco Perillo* *Rocco Perillo* 8-12-97 516 935266  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #