

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

97 AUG 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 76 48606

1. Corporation Name
Lucerne Lakes Golf Colony #6 Condominium Assoc. INC.

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

100002276661--1
-08/25/97--01163--007
***358.75 ***358.75

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.		Suite, Apt. #, etc.		7-12-82	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2555245	
Country		Country		Applied For	
		USA		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$6.75 Additional fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Barbara Griffith-Jorgensen	7269 Golf Colony Ct. #201	Lake Worth, FL 33467
VPD	Bill Jorgensen	7269 Golf Colony Ct. #201	Lake Worth, FL 33467
SD	John Bergantini	7257 Golf Colony Ct. #102	Lake Worth, FL 33467
TD	Gaston Boismenu	7257 Golf Colony Ct. #103	Lake Worth, FL 33467

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name R.H. Gerrish c/o CMC Management, Inc. 8/21/97	
		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 Section 607.0505, F.S.
Signature of Registered Agent: REGISTERED AGENT MUST SIGN Date: _____

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: PRES. 8-14-97 561-433-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BARBARA E. GRIFFITH-JORGENSEN