

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 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **764867**
 1. Corporation Name
Lucerne Lakes Golf Colony #7 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.

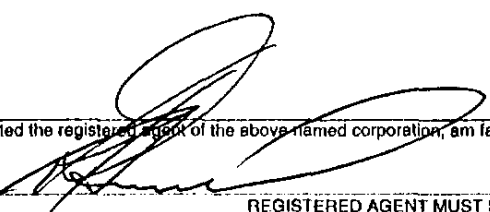
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		2994 Jog Road Suite B		7-12-82	
City & State		Greenacres, FL		5. FEI Number	
Zip		33467		59-2377991	
Country		USA		Applied For	
				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	Harriet Goodman	7226 Golf Colony Ct. #204	Lake Worth, FL 33467
VD	Josephine Gervasi	7272 Golf Colony Ct. #103	Lake Worth, FL 33467
STD	Helen Ketzner	7238 Golf Colony Ct. #203	Lake Worth, FL 33467
REINSTATEMENT 95-97			
AUG 06 1997			

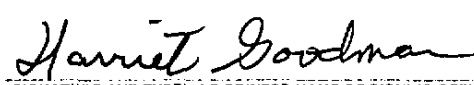
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name R. H. Carrish c/o CMC Management, Inc.	
		Street Address (P.O. Box Number is Not Acceptable) 2994 Jog Road 300002270349-1	
		Suite, Apt. #, Etc. Suite B -08/18/97-01140-004	
		City Greenacres	
		State Zip Code 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)(l), 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 Date 8-4-97 Daytime Phone # (501)641-1016