

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-97  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 AUG 21 AM 10:34

DOCUMENT #

764868

1. Corporation Name

Lucerne Lakes Golf Colony #8 Condominium Assoc. Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7268 Golf Colony Ct.  
Lake Worth, FL 33467

200002276658--0  
-08/25/97--01163--006  
\*\*\*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  
2994 Jog Road

4. Date Incorporated or Qualified To Do Business in Florida

9-23-82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2377992

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

33467

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$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	Ronald Foo	7214 Golf Colony Ct. #203	Lake Worth FL 33467
D	Walter Boyd	7190 Golf Colony Ct. #105	Lake Worth, FL 33467
SD	Thomas Shields	7214 Golf Colony Ct. 102	Lake Worth, FL 33467

REINSTATEMENT 95-97

a. Alan  
8/21/97

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

Street Address (P.O. Box Number is Not Acceptable)

2994 Jog Road

Suite, Apt. #, Etc.

Suite B

City

Greenacres

State  
FL

Zip Code  
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 filed 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)(f), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ronald G. Foo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RONALD G. FOO

8/3/97 561 964 6617

Date

Daytime Phone #