

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 10:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **764870**

1. Corporation Name

Lucerne Lakes Golf Colony #10 Condominium Assoc. Inc.

Principal Place of Business

Mailing Address

7268 Golf Colony Ct.  
 Lake Worth, FL 33467

500002276655--9  
 -08/25/97--01163--005  
 \*\*\*\*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		59-2227799	
Country		Country		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	Tony DeFeo	7082 Golf Colony Ct. #102	Lake Worth, FL 33467
VPD	Bill Vasata	7082 Golf Colony Ct. 101	Lake Worth, FL 33467
SD	Edith Vallone	7270 Golf Colony Ct. #102	Lake Worth, FL 33467

**REINSTATEMENT** 95-97  
 A. Dan

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 \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_