

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 NOV -3 AM 9:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **768912**

1. Corporation Name
LAKEBELLE CONDOMINIUM NO. ONE, INC.

Principal Place of Business	Mailing Address
% WOODS MANAGEMENT 2740 WEST 5 AVENUE HIALEAH FL 33010 <i>5663-5725 W 28 Ave. Hialeah FL 33016</i>	% WOODS MANAGEMENT 2740 WEST 5 AVENUE HIALEAH FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable <i>5663-5725 W 28 Ave.</i>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/14/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2583134	
City & State <i>Hialeah FL</i>		City & State		Applied For Not Applicable	
Zip <i>33016</i>		Country <i>USA</i>		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 ST/D	BLANCO, LARRY <i>VASSALLO, ABDULIA</i>	5723 W 28 AVE. <i>5707 W 28 AVE</i>	HIALEAH FL 33016 <i>HIALEAH, FL 33016</i>
ST/D VD	GARCIA, DAVID	5723 W. 28 AVE.	HIALEAH FL 33016
PD	SALAS, JUAN	5670 WEST 28 AVENUE <i>7484 W 34 C</i>	HIALEAH FL 33016
			600002340766--5 -11/06/97--01107--006 ****236.25 ****236.25 <i>A. Alan</i> <i>11/3/97</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHENK, HAROLD % WOODS MANAGEMENT CORPORATION OF FLORIDA 2740 WEST 5 AVENUE HIALEAH FL 33010		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: *Harold Schenk* REGISTERED AGENT MUST SIGN Date: *10/24/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Juan Salas* 10/ Date: Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)