

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769608
1. Corporation Name
COUNTRY LANE PROPERTY OWNERS ASSOC. INC.

Principal Office Address <u>17000 NW 67 AVE.</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>MAILBOX #501</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>MIAMI FL</u>		City & State <u>SAME</u>	
Country <u>U.S.A</u>	Zip <u>33015</u>	Country <u>SAME</u>	Country <u>SAME</u>

REINSTATEMENT 018-00

4. Date Incorporated or Qualified To Do Business in Florida <u>9/25/1987</u>	
5. FEI Number <u>54-238 3767</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.78 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>STEPHEN J. STRALEY, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3990 SHERIDAN STREET</u>	
Suite, Apt. #, Etc. <u>SUITE 109</u>	
City <u>HOLLYWOOD</u>	State / Zip Code <u>FL 33024</u>

600003263006-7
05/23/01-11037-04
***358.75 ***358.75

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent: _____ Date: 4-8-00
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>FR</u>	<u>FRANK WESOLOWSKI</u>	<u>17000 NW 67 AVE #244</u>	<u>MIAMI FL 33015</u>
<u>MD</u>	<u>HOWARD E. TAYLOR</u>	<u>17000 NW 67 AVE #115</u>	<u>MIAMI FL 33015</u>
<u>SP</u>	<u>SHIRLEY McILROY</u>	<u>17000 NW 67 AVE #335</u>	<u>MIAMI FL 33015</u>
<u>D</u>	<u>GEORGE CAUDING</u>	<u>17000 NW 67 AVE #119</u>	<u>MIAMI FL 33015</u>
<u>D</u>	<u>GEORGE BARD JR.</u>	<u>17000 NW 67 AVE #234</u>	<u>MIAMI FL 33015</u>
			LS

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: A. E. [Signature] Treasurer Date: 4/8/00 Daytime Phone #: (305) 623-6257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E381 (9-99)