

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -8 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N12558

1. Corporation Name

LAVENDER WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

138 Lavender Avenue

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

Zip

33852

Country

US

3. Mailing Office Address

134 Lavender Avenue

Suite, Apt. #, etc.

City & State

Lake Placid, Florida

Zip

33852

Country

US

REINSTATEMENT 97-02

4. Date Incorporated or Qualified To Do Business in Florida

12/16/1985

5. FEI Number

650039167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROSEMARY D. COSGRAVE

300005308003-9

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

138 Lavender Avenue

-04/19/02-01045-001

****551.25 ****551.25

Suite, Apt. #, Etc.

City

Lake Placid

State

FL

Zip Code

33852

8. 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

ROSEMARY D. COSGRAVE REGISTERED AGENT MUST SIGN

Date

3/26/2002

9. 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
P/D	ROSEMARY D. COSGRAVE	138 Lavender Avenue	Lake Placid, Florida 33852
VP/D	RICHARD K. ROSA	136 Lavender Avenue	Lake Placid, Florida 33852
S/T/D	ROBERT W. CARTER	134 Lavender Avenue	Lake Placid, Florida 33852

10. 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
ROSEMARY D. COSGRAVE, President

Date

3/26/2002

(863) 465-2661

Daytime Phone #

CR2E081 (9/01)

SWAINE, HARRIS & SHEEHAN, P. A.
ATTORNEYS AT LAW

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(863) 365-1649
FAX: (863) 471-0008

401 DAL HALL BLVD.
LAKE PLACID, FL 33852-6561
(863) 465-2811
FAX: (863) 465-6999

tim@heartlandlaw.com

PLEASE REPLY TO:
LAKE PLACID

April 5, 2002

DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

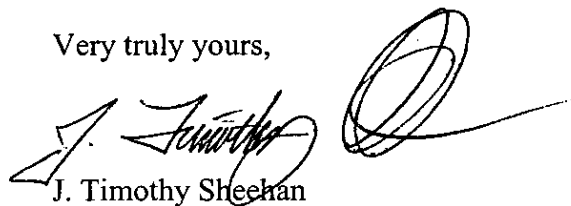
RE: LAVENDER WATERWAYS VILLAS
HOMEOWNERS ASSOCIATION, INC.

Dear Sir/Madam:

Please find enclosed properly executed Corporation Reinstatement form for the above corporation, together with check number 210 drawn on the account of the above Association in the amount of \$551.25 to cover the cost of reinstating the corporation and receiving a Certificate of Status for same. Please forward the Certificate of Status directly to this office.

Thank you for your cooperation in this matter.

Very truly yours,


J. Timothy Sheehan

JTS/gl
Enclosures
xc: Client