

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 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18875

1. Corporation Name

Lucerne Greens Condominium Assoc, Inc.

Principal Place of Business Mailing Address
4697 Lucerne Lakes Blvd. E.
Lake Worth, FL 33467-3912

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	
		St. John, Dicker, Caplan		1-23-87	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
		500 Australian Ave S.		59-2787572	
City & State		City & State		Applied For	
		Suite 600 W. Palm Beach, FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33401	USA		USA		

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
Pres	William Morrison #104 (D)	4691 Lucerne Lakes Blvd	Lake Worth, FL 33467
V.P.	John Rao #206 (D)	4706 Lucerne Lakes Blvd	Lake Worth, FL 33467
Sec	Lester Glickman #202 (D)	4699 Lucerne Lakes Blvd	Lake Worth, FL 33467
Treas	Alice Soldano #204 (D)	4702 Lucerne Lakes Blvd	Lake Worth, FL 33467

REINSTATEMENT 9-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Caplan 500 Australian Ave. Suite #600 West Palm Beach, FL 33401		Name Louis Caplan Street Address (P.O. Box Number is Not Acceptable) 500 Australian Ave., Ste #600 Suite, Apt. #, Etc. 400002266814--5 -08/14/97--01044--008 City West Palm Beach State FL Zip 33401	

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 Louis Caplan REGISTERED AGENT MUST SIGN Date 7/24/97

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: William D. Morrison President Date 5/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-641-8926
William Morrison 4-24-97

CR2E040 (12/96)