

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # *N 20819*

1. Corporation Name
*LAVIDA Homeowners ASSOCIATION
INC*

700005598597--5
-05/23/02--01004--013
****131.25 ****131.25

2. Principal Office Address <i>3111 N. University Dr</i> Suite, Apt. #, etc. <i>#725</i> City & State <i>Coral Springs FL</i> Zip <i>33065</i> Country <i>US</i>		3. Mailing Office Address <i>PO Box 93654</i> Suite, Apt. #, etc. <i>FL</i> City & State <i>MARGATE FL</i> Zip <i>33093</i> Country <i>USA</i>	
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4. Date Incorporated or Qualified To Do Business in Florida	Applied For
5. - FEI Number <i>65-0018744</i>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
SWIFT MANAGEMENT SOLUTIONS INC

Street Address (P.O. Box Number is Not Acceptable)
3111 N University Drive #725

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33065

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
Nicole [Signature]

REGISTERED AGENT MUST SIGN

Date
2/1/02

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
<i>P/D</i>	<i>Robert Fitzgerald</i>	<i>6142 LAVIA TERR</i>	<i>Boca Raton FL</i>
<i>T/D</i>	<i>Benny Cavenas</i>	<i>23363 LAVIA WAY</i>	<i>Boca Raton FL</i>
<i>S/D</i>	<i>TOM WINTER</i>	<i>6167 LAVIA TERR</i>	<i>Boca Raton FL</i>
<i>V/D</i>	<i>Benny Katz</i>	<i>23314 LAVIA WAY</i>	<i>Boca Raton FL</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/25/02* Daytime Phone #

CR2E081 (9/01)