

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 17 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46807**

1. Corporation Name

LAKE CORAL SPRINGS ASSOCIATION, INC.

Principal Place of Business

953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address

INTEGRITY PROPERTY MANAGEMENT
PO BOX 8726
CORAL SPRINGS FL 33075

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

01/14/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0335745

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
T	SODER, KEATS	11889 N.W. 12 DRIVE	CORAL SPRINGS FL 33071
T	BERLIN, PETER	1051 N.W. 121 TERRACE	CORAL SPRINGS FL 33071
T	BLAIR, GREGORY M	8190 STATE ROAD 84	DAVIE FL 33324

8. Name and Address of Current Registered Agent

WHITTLE, CYNTHIA G
953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

Cynthia G Whittle
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/12/03

11. 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:

Cynthia G Whittle
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

954-346-0677

Date

Daytime Phone #

CR2E040 (8/02)



INTEGRITY PROPERTY MANAGEMENT, INC.

COMMUNITY ASSOCIATION MANAGEMENT / FINANCIAL SERVICES

February 12, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

To Whom It May Concern,

Please be advised that the enclosed application is being returned. We are requesting that the late fee be waived as the Uniform Business Report was mailed on January 14, 2002, along with the check which was cashed. Copies are enclosed for your convenience.

We did receive a letter in July requesting that we place a letter D or T beside the directors names. We made the corrections and mailed it back on the day of receipt. Copy is also enclosed.

If you have any questions please don't hesitate to contact me at the number listed below. Thank you for your assistance regarding this matter.

Sincerely,

Cynthia G. Whittle, Property Manger
On Behalf of the Board of Directors
Lake Coral Springs Association, Inc.

Enc.