

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPROVED AND FILED**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPLICATION FOR *reinst*  
REINSTATEMENT

1997 JUN 10 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N93000001583*

1. Corporation Name

Lawn Acres Civic Association, Inc.

Mailing Address

Principal Place of Business

5702 Madison Street  
Hollywood, Florida 33023

5702 Madison Street  
Hollywood, Florida 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1957

*400 South 57th Terrace*  
Suite, Apt. #, etc.

*400 South 57th Terrace*  
Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

*Hollywood, Florida*

*Hollywood, Florida*

Zip

Country

Zip

Country

*33023*

*USA*

*33023*

*USA*

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P,D	Oren David Dinkel, II	400 South 57th Terrace	Hollywood, Florida 33023
VP,D	Joseph Pappas	519 South 58th Terrace	Hollywood, Florida 33023
T,D	Mary Rygiel	408 South 57th Avenue	Hollywood, Florida 33023
			20002201912 -06/11/97--01072--002 ****306.25 ****306.25
			<b>REINSTATEMENT</b> <i>reinst</i> <i>5/10/97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nino Gagliano, Sr.  
5702 Madison Street  
Hollywood, Florida 33023

Name *OREN DAVID DINKEL II*

Street Address (P.O. Box Number is Not Acceptable)  
*400 SOUTH 57 TERRACE*

Suite, Apt. #, Etc.

City *HOLLYWOOD*

State *FL*

Zip Code *33023-1429*

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

*Oren David Dinkel II*  
REGISTERED AGENT MUST SIGN

Date

*5/24/97*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Oren David Dinkel II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OREN DAVID DINKEL II

Date

*5/24/97*

Daytime Phone #

*954-987-0605*

CR2E040 (6-94)