PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 LBR

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

FILED
02 NOV 13 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95~~999991~~00000313

1. Corporation Name
LAKE POINTE CONDOMINIUM ASSOCIATION OF MARINA LAKE, INC.

900008966229
11/13/02--01046--009 **61.25

2. Principal Office Address	**3.** Mailing Office Address
4970 S.W. 72nd Ave	4970 S.W. 72nd Ave
Suite, Apt. #, etc.: Suite 106	Suite, Apt. #, etc.: Suite 106
City & State: Miami Florida	City & State: Miami, Florida
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/16/1995

5. FEI Number: 65-0571757 — 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: GIBELLINI AUDREY

Street Address (P.O. Box Number is Not Acceptable): 5970 S.W. 72nd Ave. # 105

Suite, Apt. #, Etc.: ~~Suite 105~~

City: Miami — State: FL — Zip Code: 33155

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 _____ Date 11-08-2002
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PTD	GIBELLINI, AUDREY	4970 S.W. 72 Ave. # 105	Miami, Fl. 33155
VD	BECKOWSKI, SYDNEY	4970 S.W. 72 Ave. # 102	" " "
D	KHONSARY, ABBASS	4970 S.W. 72 Ave. # 100	" " "
D	COMPAGNONI, LOU	4970 S.W. 72 Ave. # 106	" " "

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: L. Compagnoni — 11-08-2002 (Date) — 305-669-4440 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gr 11/18

Miami November 8, 2002

Florida Dept. of State
Division of Corp.

Subject: Corporation Reinstatement

Dear Sirs:

Please find attached our check no. 1352 in the amount of US$ 61.25, to cover the 2002 annual report fee.

As discussed over the phone with your representative our address that you have on record for this association is not current and should be corrected as follows:

From: Suite 105

To: Suite 106

As a result of not having the correct address, both mailings of the first notice and second notice were never received.

We thank you in advance for your cooperation and understanding.

Should you have any additional questions, please do not hesitate to contact the undersigned.

Mr. LOU COMPAGNONI
LAKE POINTE CONDOMINIUM ASSOCIATION OF MARINA LAKE INC.
4970 S.W. 72 Ave. Suite 106
Miami, Fl. 33155