PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

02 MAY 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/11/02--01115--008
****297.50 ****236.25

REINSTATEMENT 01-02

DOCUMENT # 751658

1. Corporation Name Vista Del Lago Condominium Association
C/0 CMC Management Inc.
2994 Jog Road, Suite B
Greenacres, FL 33467

2. Principal Office Address C/0 CMC Management
2994 Jog Road, Suite B
Greenacres FL 33467

Suite, Apt. #, etc.
B

City & State
Greenacres, FL

Zip
33467

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59 204 7713

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 Scot Gerrish

236.25-Adm

Street Address (P.O. Box Number is Not Acceptable)
C/0 CMC Management Inc. 2994 Jog Roads

61.25-Ax

Suite, Apt. #, Etc.
Suite B

City
Greenacres

State FL

Zip Code 33467

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

REGISTERED AGENT MUST SIGN

Date 4-23-02

CR2E081 (9/00)

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
PRES	ELAINE BROWNE	1800 Embassy Dr #112	W.P.B. FL 33401
VICE PRES	MARC WINER	" " " #116	" " "
SEC	DAVID BYLER	" " " #134	" " "
TREA	K-BRUCE HAWTHORNE	" " " #124	" " "
DIR	MERLE HOFFRICHTER	" " " #131	" " "
DIR	PAUL HAUSER	" " " #121	" " "
DIR	DENNIS BEACH	" " " #115	" " "

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: Elaine J Browne President   Apr 23, 02   242-9390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #