

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755592

1. Corporation Name

L'AMBIANCE HOMEOWNERS
951 BROKEN SOUND PKWY #250
BOCA RATON, FL 33487

2. Principal Office Address

951 BROKEN SOUND PKY

Suite, Apt. #, etc.

250

City & State

BOCA RATON FL

Zip

33487

Country

PALM BEACH

3. Mailing Office Address

951 BROKEN SOUND PKY

Suite, Apt. #, etc.

250

City & State

BOCA RATON FL

Zip

33487

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/1980

5. FEI Number

59-2082064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-04

7. Name and Address of Current Registered Agent

Name

COMMUNITY ASSOCIATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

951 BROKEN SOUND PKWY

Suite, Apt. #, Etc.

250

City

BOCA RATON

State

FL

Zip Code

33487

REINSTATEMENT

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

000036515690

05/17/04 Date 01060--007 **122.50

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
PD	LEVINE, PETER	6402 LAS FLORES DR	BOCA RATON, FL 33433
TD	LITZENBERGER, BOB	6434 LAS FLORES DR	BOCA RATON, FL 33433
VPD	COFFEY, SCOTT	6190 VIA TIERRA	BOCA RATON FL 33433
SD	KRAUS, CHARLES	6570 ALTURA PLACE	BOCA RATON FL 33433
D	EVANS, WILLIAM	6120 VIA TIERRA	BOCA RATON FL 33433

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

Daytime Phone #

CR2E081 (01/04)

10

2082



COMMUNITY ASSOCIATION SERVICES, INC.
THE PROPERTY MANAGEMENT COMPANY

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

April 21, 2004

To whom it may concern:

In reference to document # 755592, L'AMBIANCE Homeowners Association, Please be advised that Community Association Services is the new management company for this homeowners association. We respectfully request that you reinstate this corporation, as the annual corporate report was never received here in our office for the years 2003 AND 2004.

If any further information is needed, please contact our office at area code (561) 994 1788 x 38.

Thank you,


Mr. Peter Levine,
President, L'AMBIANCE H.O.A.