PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -2 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721765

1. Corporation Name

LAUDERDALE OAKS CONDOMIMIUM XVIII, INC

400162393174
11/02/09--01034--018 **61.25

REINSTATEMENT 09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
2990 N.W. 46th AVENUE		2990 NW 46th AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LAUDERDALE LAKES, FL		LAUDERDALE LAKES, FL	
Zip	Country	Zip	Country
33313	USA	33313	USA

4. Date Incorporated or Qualified To Do Business in Florida 09/23/1971

5. FEI Number 59-1374647 ☐ 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: BROUGH, CHADROW & LEVINE PA

Street Address (P.O. Box Number is Not Acceptable): 1900 NORTH COMMERCE PARKWAY

Suite, Apt. #, Etc.:

City: WESTON | State: FL | Zip Code: 33326

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] Date 10/27/09

REGISTERED AGENT MUST SIGN

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
P	ALMONTE, FABIO	2990 NW 46th AVE, Apt 207	LAUDERDALE LAKES, FL 33313
VP	SILVESTRI, JOSEPH	2990 NW 46th AVE, Apt 102	LAUDERDALE LAKES, FL 33313
TS	LAKE-RICE, BLANDELL	2990 NW 46th AVE, Apt 115	LAUDERDALE LAKES, FL 33313
D	NEUMAN, PETER	2990 NW 46th AVE, Apt 112	LAUDERDALE LAKES, FL 33313

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 contained in Chapter 119, 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: [signature] - Fabio Almonte 10/23/09

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