

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JUL 31 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

NO 8894
Fifty/Fifty Condominium Association
of Fort Lauderdale.

2. Principal Office Address - No P.O. Box #

5120 N.E. 17th Terrace

3. Mailing Office Address

1704 Overlook Drive.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Mount Dora, FL

Zip

33334

Country

US

Zip

32757

Country

US

200238012102

07/31/12--01022--006 **1828.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/1985

5. FEI Number

☐ 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

Mary Kathleen Lyons

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

5120 N.E. 17th Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33334

REINSTATEMENT

86-12

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

Mary Kathleen Lyons

REGISTERED AGENT MUST SIGN

Date

July 26/12

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	Mary Kathleen Lyons	1704 Overlook Drive	Mount Dora 32757
T/S	David N. Stanley	1704 Overlook Drive	Mount Dora 32757
D	Frank Lyons	1479 N.E. 63rd Ct.	Ft Lauderdale 33334

10. E-mail Address:

marylyons111@gmail.com.

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mary Kathleen Lyons

7/26/12

Mary K. Lyons 9542428004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #