

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 28 AM 10:20

DOCUMENT # 754717

1. Corporation Name

1626/28 CONDOMINIUM ASSOCIATION, INC.  
W03-1655

REINSTATEMENT 81-03

2. Principal Office Address

1626/28 NW 8 AVE

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

Country

33311

3. Mailing Office Address

95 NE 41ST ST

Suite, Apt. #, etc.

0-226

City & State

OAKLAND PK, FL

Zip

Country

33334

600009687136

01/17/03--01/17/03--008 \*\*\$1.25

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/80

5. FEI Number

02-0657634

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

PATRICK LAZARRE

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

95 NE 41ST ST

Suite, Apt. #, Etc.

0-226

City

OAKLAND PK

600009687136

12/26/02--01020--017 \*\*\$500.00

600009687136

12/26/02--01020--018 \*\*\$500.00

600009687136

12/26/02--01020--019 \*\*\$500.00

600009687136

12/26/02--01020--020 \*\*\$22.50

FL 33334

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

*Patrick Lazarre*  
REGISTERED AGENT MUST SIGN

Date

12/20/02

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
Treasurer	Patrick LAZARRE	95 NE 41ST ST #0-226	OAKLAND PK, FL 33334
Nurse	MILDRED M. HUNSTON	1628 NW. 8TH AVE	FT LAUD FLA 33311
C.N.A.T.	LUCIE LAZARRE	95 NE 41ST ST #0-226	OAKLAND, FL 33334

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:

*Mildred M. Hunston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/03

Daytime Phone #

954-462-2499

CR2E081 (9/01)