

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707779

1. Corporation Name
ALBERT LAKES GARDEN CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O EUGENE E. SHUEY, P.A.
1400 CENTREPARK BLVD., #860
W. PALM BEACH, FL 33401**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 9697

4. Date Incorporated or Qualified To Do Business in Florida **9-9-64**

5. FEI Number

6. CERTIFICATE OF STATUS DESIRED Applied For Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HANK MASSEY, JR.	1877 EMILIO LANE	W. PALM BEACH, FL 33406
VP/D	ARUN IYAMPILLAI	1920 RICHARD LANE	W. PALM BEACH, FL 33406
S/D	TRACY TITTLE	1787 BELL LANE	W
T/D	HENRY GLAUS	1936 RICHARD LANE	W

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

DENNIS P. KOEHLER
1280 N. CONGRESS AVE, #1280
W. PALM BEACH, FL 33409

9. Name and Address of New Registered Agent

Name **EUGENE E. SHUEY**
Street Address (P.O. Box Number is Not Acceptable) **1939 BELL LANE**
Suite, Apt. #, Etc.
City **W. PALM BEACH,** State **FL** Zip Code **33406**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date **11-13-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HANK MASSEY, JR.** ✓ 11/25/97 (561) 478-1660
Date Daytime Phone #

CP2504C (12-96)