

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714384

1. Corporation Name

Casa del Lago Condominium Association, Inc.

REINSTATEMENT 1978-2004

2. Principal Office Address

325 South Lake Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 368

Suite, Apt. #, etc.

City & State

Palm Beach, Florida

City & State

Palm Beach, Florida

Zip
33480

Country
Palm Beach

Zip
33480

Country
Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1968

5. FEI Number
59-1282248

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

Caralyn P. Robinson

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

139 North County Road

Suite, Apt. #, Etc.

City

Palm Beach

State
FL

Zip Code
33480

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

Caralyn P. Robinson
REGISTERED AGENT MUST SIGN

Date 4.1.04

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	Patricia K. Bryant	325 South Lake Drive	Palm Beach, FL 33480
VPD	Robert O'Donnell	325 South Lake Drive	Palm Beach, FL 33480
STD	Michael Graham	325 South Lake Drive	Palm Beach, FL 33480

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:

Michael Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL GRAHAM

Date

April 1, 2004 561-655-8013

Daytime Phone #

ADR

CR2081 (01/04)

CT CORPORATION

April 13, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6080555 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Casa del Largo Condominium Association, Inc. (FL)
New Name: Casa del Largo Owners Association of Palm Beach, Inc.
Reinstatement ~~with Change of Agent~~
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

File 2nd

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA