

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716830

1. Corporation Name

Lake Park Gardens #7, Inc.

2. Principal Office Address

c/o USA Services

3. Mailing Office Address

c/o USA Services

Suite, Apt. #, etc.

2771 Treasure Cove Cir.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/69

5. FEI Number

591 317849

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

Michael R. Bass, Esq.

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

600 S. Andrews Avenue

000032513520
04/13/04--01019--010 **297.90

Suite, Apt. #, Etc.

Sixth Floor

City

Ft. Lauderdale, Florida

State
FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

3/2/04

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
D/P	Ron Johnson	4740 NW 10th Ct., #108	Ft. Lauderdale, FL 33313
D/VP	Rowena Gordon	4740 NW 10th Ct., #204	Ft. Lauderdale, FL 33313
D/S/T	Sonia Nairn	4740 NW 10th Ct., #116	Ft. Lauderdale, FL 33313
D/VP	Jennifer Burgess	4740 NW 10th Ct., #104	Ft. Lauderdale, 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 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

4/7/04

Date

954-240-4632

Daytime Phone #

CR2E081 (01/04)

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