

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

07 MAR 21 AM 7:15

DOCUMENT # 717512

1. Corporation Name
Lauderdale Lakes Villas
Condominium Association, INC.

REINSTATEMENT

05-07

2. Principal Office Address - No P.O. Box #
3530 NW 43 Ave, Suite, Apt. #, etc. 203

3. Mailing Office Address
3530 NW 43 Avenue, Suite, Apt. #, etc. 203

CR2E081 (1/07)

City & State
Lauderdale Lakes, FL

City & State
Lauderdale Lakes, FL

Zip Country
33319 U.S.A.

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33319 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
NOV. 6, 1969

5. FEI Number
NOT APPLICABLE

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
Jesse Vanhouten

Street Address (P.O. Box Number is Not Acceptable)
3530 NW 43 Avenue

Suite, Apt. #, Etc.
203

City
Lauderdale Lakes

State
FL

Zip Code
33319

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Jesse F. Vanhouten

REGISTERED AGENT MUST SIGN

Date
Feb. 23, 2007

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	Conner, Simpson	3530 NW 43 Ave; #206	Lauderdale Lakes, FL 33319
VD	Mook, Archibald Lee	3220 NW 43 Ave.	Lauderdale Lakes, FL 33319
ST	VanHouten, Jesse	3530 NW 43 Ave; #203	Lauderdale Lakes, FL 33319
TT	Guisbard, Tamisha	3530 NW 43 Ave; #109	Lauderdale Lakes, FL 33319

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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 contained in Chapter 119, 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: Jesse F. Vanhouten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-23-07

Daytime Phone #: 733.5640

954.