


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717667			
1. Corporation Name LAKE PARK GARDENS #8, INC., A CONDOMINIUM			
2. Principal Office Address 4760 NW 10 CT. Suite, Apt. #, etc. 104 City & State PLANTATION, FL Zip 33313 Country U.S.A.		3. Mailing Office Address 4760 NW 10 CT. Suite, Apt. #, etc. 104 City & State PLANTATION, FL Zip 33313 Country U.S.A.	
		4. Date Incorporated or Qualified To Do Business in Florida 12/4/69	
		5. FEI Number 59-1585169	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name SUSAN CASEY			
Street Address (P.O. Box Number is Not Acceptable) 4760 N.W. 10 CT.			
Suite, Apt. #, Etc. 104			
City PLANTATION			
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 SUSAN M. CASEY		Date 4-11-06	
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
P	SUSAN CASEY	4760 NW 10 CT., APT. 104	PLANTATION, FL 33313
B	HARIMA JUMARALLY	4760 NW 10 CT., APT. 102	PLANTATION, FL 33313
P	MARY BATISTA	4760 NW 10 CT., APT. 108	PLANTATION, 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 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: SUSAN M. CASEY		Date 4-11-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954. 467.8405	