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
04 MAR -5 AM 8:00

DOCUMENT # 725897

1. Corporation Name

French Villas of Lighthouse Point Condominium Association

REINSTATEMENT 02-04 MKD

2. Principal Office Address		**3.** Mailing Office Address	
1978 NE 32nd Ct.		1978 NE 32ND CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lighthouse Point, Fl		City & State: LIGHTHOUSE PT, FL	
Zip: 33064	Country: USA	Zip: 33064	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-29-1973

5. FEI Number: 59-1511449 ☐ 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: Cheryl Schmitt

Street Address (P.O. Box Number is Not Acceptable): 1986 NE 33rd St.

300030600733
03/17/04--01028--006 **10[illegible].75

Suite, Apt. #, Etc.

City: Lighthouse Point | State: FL | Zip Code: 33064

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: Cheryl Schmitt — Date: 2/26/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Cheryl Schmitt	1986 NE 33rd St	Lighthouse Point, Fl 33064
VP/S	Beverly Wallace	1981 NE 32nd St	Lighthouse Point, Fl 33064
Treas.	Warren Farner	2011 NE 32nd Ct.	Lighthouse Point, Fl 33064
Directo	Debbie Ballou	2006 N.E. 33rd St.	Lighthouse Point, Fl 33064
Directo	Cheryl Lister	2015 N.E. 32nd Ct.	Lighthouse Point, Fl 33064

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: Cheryl Schmitt — 2/26/04 — (954)907-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #