page 1.12

* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	CORPORATION FLOR		ORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations			10 AUG-6 PH 12: 04		
DOCUMENT # 728424 1. Corporation Name SOMERSET CONDOMINIUM NO. SEVEN, INC.						700183690027 08/06/1001034015 **61.25		
	ol Office Address - No P.O. Box # Somerset Drive f, etc.	_	3. Mailing Office Address 2801 Somerset Drive Suite, Apt. #, etc.			REINSTATEMENT		
City & State Laude:	dale Lakes, FL		City & State Lauderdale Lakes, FL Zip Country			4. Date Incorporated or Qualified To Do Büsiness in Florida 12/10/1973 5. FEI Number Applied For Not Applicable		
33311	USA	33311		USA	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name ROBERT C. MARTIN Street Address (P.O. Box Number is Not Acceptable) Martin & Bennis, P.A. Suite Apt. # Etc. 319 S.E. 14th Street City Ft. Lauderdale FL 33316					700183690027 07/26/1001050012 **236.25			
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								
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 Direct	ers		Street Address of Eac Officer and/or Directo		City	y / State / Zip	
VP	Conrad Valentini	28	01 Sc	omerset Dri	ve, #101	Lauderdalë	Lakes, FE 33311	
T	Lauriston Lynch	28	01 S	omerset Dri	ve, #311	Lauderdale	Lakes, FL 33311	
Р	Robert Mongeau	28	01 Sc	omerset Dri	ve, #302	Lauderdale	Lakes, FL 33311	
D	Dorothy James	28	01_Sc	omerset Dri	ve, #401	Lauderdale	Iakes, FL 33311	
D	Richard Gingras	28	01 Sc	omerset Dri	ve, #305	Lauderdale	Lakes, FL 33311	
S ™	Dave Turner	28	01 Sc	omerset Dri	ve, #211	Lauderdale	Lakes, FL 33311	
^{10.} E-mail Address:								
(To be used for future annual report notification) 11. 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. I further certify, 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 Date Daytime Phone #								

219an

Mr 2012

9. Officers/Directors (continued)

D Glen Thompkins 2801 Somerset Drive, #107 Lauderdale Lakes, FL 33311

D Sunny Bressler 2801 Somerset Drive, #207 Lauderdale Lakes, FL 33311