

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	O9 MAR 19 AM 8: 00 SECRETARY OF STATE
DOCUMENT # 729094		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Lauderhill Gardens Townh	ocuses Condominium, Inc.	800146240038 03/19/0901018019 **245.00
2. Principal Office Address - No P.O. Box# 4101 nw 19 Street	3. Mailing Office Address 4101 Nw 19 Street Suite, Apt. #, etc.	REINSTATEMENT, 06-09
City & State City & State Couderhill florida Zip country 3.343	City & State Laudeehill, floeida Zip Country 33313	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59 178 4552 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of C	Current Registered Agent	is a seriment of status
Street Address (P. d. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Audenhill State Zip Code FL 33313		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 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
Resident Sydney Beaux	4101 nw 19 stec	ct Lauderhill, Florida 33313
Tecause Paj Shanmusan	L2 SAbles BIND	Weston, Florida 33326
Screen Lolyn Palmer	4411 NW 12518	cet Universill, Florida 33313
piecebe William Newell	711 East Evaston	Ciecle Foot Louderdale, Florida 3331
Diecole Mary Young	4103 nw 19 Stee	cet Laudenhill, Florida 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:		
SIGNATURE AND TYPED OR FRIM	NTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #