PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY -7 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729705

1. Corporation Name

Lago Del Rey Condominium, Inc. 9

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2600 Fiore Way	c/o Federal Home & Property Management
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 811180
City & State	City & State
Delray Beach, FL	Boca Raton, FL
Zip / Country	Zip / Country
33445 / USA	33481-1180 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/17/1974

5. FEI Number: 341176940 ☐ 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: Randall K. Roger & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd Street

Suite, Apt. #, Etc.: Suite 300

City: Boca Raton | State: FL | Zip Code: 33487

☒ 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.

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05/24/07--01024--008 **245.00

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: Randall K. Roger, Pres, Randall K Roger + Assoc., P.A. Date: April 25, 2007
REGISTERED AGENT MUST SIGN

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	JODIE SCHWARZ	2600 FIORE WAY # 109	DELRAY BEACH, FL. 33445
TR	HOWARD TEITELBAUM	2600 FIORE WAY # 203	DELRAY BEACH, FL. 33445
D	JANET YULAN	2600 FIORE WAY # 108	DELRAY BEACH, FL. 33445
D	GENE A. PARKER	2600 FIORE WAY # 110	DELRAY BEACH, FL. 33445

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: Jodie K. Schwarz JODIE K. SCHWARZ PRES (561) 330-3819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #