

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -7 PM 1:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733542

1. Corporation Name

LAGO WEST CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

420 COMMODORE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

420 COMMODORE DRIVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/75

5. FEI Number

591643106

☐ 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

JEAN D'ALBERT

Street Address (P.O. Box Number is Not Acceptable)

400 COMMODORE DRIVE

Suite, Apt. #, Etc.

#501

City

PLANTATION

State

FL

Zip Code

33325

REINSTATEMENT

300209724333
07/07/11-01023-008 **358.75

*156
7/7*

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

Jean D'Albert

REGISTERED AGENT MUST SIGN

Date

7/5/11

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/D	KAREN NICK	430 COMMODORE DR., #206	PLANTATION, FL 33325
V/D	GAIL HOTH	430 COMMODORE DR., #304	PLANTATION, FL 33325
V/D	JEAN D'ALBERT	400 COMMODORE DR., #501	PLANTATION, FL 33325
S/D	CHERYL SIMMONS	430 COMMODORE DR., #101	PLANTATION, FL 33325
T/D	JOSEPH CALLAROTA	400 COMMODORE DR., #210	PLANTATION, FL 33325

10. E-mail Address: **lagowest@aol.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Joseph Callarota

JOSEPH CALLAROTA TREAS.

7/5/11

954-476-0956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #