

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -2 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742936

1. Corporation Name

LAGUNA TRACT ONE HOMEOWNERS ASSOCIATION INC

2. Principal Office Address

8900-A JACARANDA LN.

Suite, Apt. #, etc.

City & State

PLANTATION FLA

Zip

Country

33324-3606 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

1

Zip

Country

REINSTATEMENT

06-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/22/1978

5. FEI Number

650499501

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

DAVID PASTERNAK

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

8900 JACARANDA LN.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

[Signature]

Date

12/22/06

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
Pres	PASTERNAK DAVID 8900 JACARANDA LN. PLANTATION FL 33324		200082776162 12/26/06--01041--001 **297.50
V.D	McKNIGHT, DAVID	8940 JACARANDA LA LANE	PLANTATION FL 33324
STD	COLLINS, ANN	8930 JACARANDA LN.	PLANTATION FL 33324

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]

DAVID McKNIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-06

Date

984 4524299

Daytime Phone #