

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 11:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743651

1. Corporation Name

Lago Mar Colony Drainage Association, Inc.

000117850780
02/12/08--01025--012 **787.50

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 500 NW 127th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 500 NW 127th Avenue Suite, Apt. #, etc.	
City & State Fort Lauderdale		City & State Fort Lauderdale	
Zip 33325	Country US	Zip 33325	Country US

4. Date Incorporated or Qualified To Do Business in Florida 7/20/1978

5. FEI Number 59-2032069 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
Drake M. Batchelder

Street Address (P.O. Box Number is Not Acceptable)
350 E. Las Olas Blvd. **REINSTATEMENT 99-08**

Suite, Apt. #, Etc.
Suite 1600

City
Fort Lauderdale

State
FL

Zip Code
33301

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 *Drake M. Batchelder* Date 2/11/2008

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
D	Azor, Jorge	1333 SW 175 Way	Pembroke Pines, FL 33029
D, P	Flautt, Jim	9711 SW 14 Place	Davie, FL 33324
D	Gentile, Paul	10376 SW 18 Street	Davie, FL 33324
D	McDonald, Charlie	1975 NW 171 Avenue	Pembroke Pines, FL 33028
D	Shahady, Tom	430 NW 131 Avenue	Plantation, FL 33325
VP	Batchelder, Drake M.	350 E. Las Olas Blvd., Suite 1600	Fort Lauderdale, FL 33301

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: *Drake M. Batchelder* Drake M. Batchelder 2/11/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #