

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/11/02--01115--008

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REINSTATEMENT 01-02

DOCUMENT # 751658

1. Corporation Name **Vista Del Lago Condominium Association**
C/O CMC Management, Inc.
2997 Jog Road, Suite B
Greenacres, FL 33467

2. Principal Office Address **C/O CMC Management**
2997 Jog Road, Suite B
Greenacres, FL 33467

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Greenacres, FL**

City & State

Zip Country

Zip Country

33467

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2047713

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

Scot Gerrish

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

C/O CMC Management, Inc. 2997 Jog Road

Suite, Apt. #, Etc.

Suite B

City

Greenacres

State
FL

Zip Code

33467

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

Date **4-23-02**

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	ELAINE BROWNE	1800 EMBASSY DR #112	W. P. B. FL 33401
VICE PRES	MARC WINER	" " " #116	" " "
SEC	DAVID BYLER	" " " #134	" " "
TREA	K-BRUCLE HAWTHORNE	" " " #124	" " "
DIR	MERLE HOFFRICHTER	" " " #131	" " "
DIR	PAUL HAUSER	" " " #121	" " "
DIR	DEMMIS BEALH	" " " #115	" " "

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 under section 119.07(3)(i), 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:

Elaine Browne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Apr 23, 02

Daytime Phone #

242-9390

CR2E081 (9/00)