

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 753090

1. Corporation Name

LUCERNE AVENUE GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2330 S. CONGRESS AVE.
SUITE 1-C
WEST PALM BEACH FL 33406

Mailing Address

2330 S. CONGRESS AVE.
SUITE 1-C
WEST PALM BEACH FL 33406

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1980

5. FEI Number

65-0121039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	JORN, ROGER	8356 WHITE EGRET WAY	LAKE WORTH FL 33467
VD	BEHRMAN, RUTH	230 CORNELL DRIVE	LAKE WORTH FL 33460
SD	BOYD, JANET	412 HARBOUR POINTE WAY	WEST PALM BEACH FL 33413
TD	DEESE, JOHN	3469 SUMMIT BLVD.	WEST PALM BEACH FL 33406

8. Name and Address of Current Registered Agent

BOZARTH, TERRY
C/O ADOPT-A-FAMILY
2330 S. CONGRESS AVE., SUITE 1-C
WEST PALM BEACH FL 33406

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Terry L. Bozarth

REGISTERED AGENT MUST SIGN

Date

4/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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:

Ruth Behrman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

561-434-4960

Daytime Phone #