

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -7 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 755592

1. Corporation Name  
L'AMBIANCE HOMEOWNERS  
951 BROKEN SOUND PKWY #250  
BOCA RATON, FL 33487

2. Principal Office Address  
951 BROKEN SOUND PKY

Suite, Apt. #, etc. 250

City & State  
BOCA RATON FL

Zip 33487 Country PALM BEACH

3. Mailing Office Address  
951 BROKEN SOUND PKY

Suite, Apt. #, etc. 250

City & State  
BOCA RATON FL

Zip 33487 Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 12/18/1980

5. FEI Number 59-2082064 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

03.04

**7. Name and Address of Current Registered Agent**

Name COMMUNITY ASSOCIATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PKWY

Suite, Apt. #, Etc. 250

City BOCA RATON

State FL Zip Code 33487

**REINSTATEMENT**

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]* 000036515690  
05/17/04 Date 01060--007 \*\*122.50  
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
PD	LEVINE, PETER	6402 LAS FLORES DR	BOCA RATON, FL 33433
TD	LITZENBERGER, BOB	6434 LAS FLORES DR	BOCA RATON, FL 33433
VPD	COFFEY, SCOTT	6190 VIA TIERRA	BOCA RATON FL 33433
SD	KRAUS, CHARLES	6570 ALTURA PLACE	BOCA RATON FL 33433
D	EVANS, WILLIAM	6120 VIA TIERRA	BOCA RATON FL 33433

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: *[Signature]* 4/22/04 Date Daytime Phone #

CR2E081 (01/04)

165

2082



COMMUNITY ASSOCIATION SERVICES, INC.  
THE PROPERTY MANAGEMENT COMPANY

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

April 21, 2004

To whom it may concern:

In reference to document # 755592, L'AMBIANCE Homeowners Association, Please be advised that Community Association Services is the new management company for this homeowners association. We respectfully request that you reinstate this corporation, as the annual corporate report was never received here in our office for the years 2003 AND 2004.

If any further information is needed, please contact our office at area code (561) 994 1788 x 38.

Thank you,

Mr. Peter Levine,  
President, L'AMBIANCE H.O.A.