

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 # 760962

1. Corporation Name

LANTERN WALK HOMEOWNOWNERS ASSOCIATION, INC.

Principal Place of Business

~~C/O CUSTOM PROPERTY MANAGEMENT~~
~~2328 S. CONGRESS AVE., STE 2A~~
~~WEST PALM BEACH FL 33406~~
~~US~~

Mailing Address

~~C/O CUSTOM PROPERTY MANAGEMENT~~
~~2328 S. CONGRESS AVE., STE 2A~~
~~WEST PALM BEACH FL 33406~~
~~US~~

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

2. New Principal Office Address, If Applicable

c/o J. P. Spillane, C. P. A.

Suite, Apt. #, etc.

12788 W. Forest Hill #2005

City & State

Wellington, FL

Zip

33414

Country

USA

3. New Mailing Office Address, If Applicable

c/o J. P. Spillane, C. P. A.

Suite, Apt. #, etc.

12788 W. Forest Hill #2005

City & State

Wellington, FL

Zip

33414

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/08/1981

5. FEI Number

59-2638025

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MICHAELSON, ELAINE	212 PAR DRIVE	ROYAL PALM BEACH FL 33411
VDT	SOMMER, IRVING Bentley, Mamie	121 SANDY LN. 194 Par Dr.	ROYAL PALM BCH FL 33411
SD	BREWSTY, HELEN Keller, Gloria	138 PARADISE CRECENT 206 Par Dr.	ROYAL PALM FL Beach, FL 33411
D	BLOOG, KURT Sommer, Irving	157 LOVE CRESCENT 121 Sandy Lane	ROYAL PALM BEACH FL 33411
TD	KALISH, JEAN	111 SUNSHINE BLVD	ROYAL PALM BEACH FL
<p>1000023415241-6 -11/07/97--01011-016 ***236.25 ***236.25</p>			

8. Name and Address of Current Registered Agent

~~CUSTOM PROPERTY MANAGEMENT INC.~~
~~2328 S. CONGRESS AVENUE~~
~~SUITE 2A~~
~~WEST PALM BEACH FL 33406~~

9. Name and Address of New Registered Agent

Name

J. P. Spillane, C. P. A.

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

12788 W. Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite 2005

City

Wellington

State

FL

Zip Code

33414

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

J. P. Spillane

REGISTERED AGENT MUST SIGN

Date **11/3/97**

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.

Elaine Michelson

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/97

FILED

97 NOV -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97

CR2040 (8/97)