

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

10/2 W05000005735

APPROVAL AND FILED

05 MAR 10 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766013

1. Corporation Name
LOST VILLAS CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address
P.O. BOX 1796
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 1796
Suite, Apt. #, etc.

City & State
JUPITER, FL

City & State
JUPITER, FL

Zip Country
33458 USA

Zip Country
33458 USA

REINSTATEMENT 02-05
MRS

4. Date Incorporated or Qualified To Do Business in Florida
12/07/82

5. FEI Number
59-257146
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: KEVIN FEASTER
Street Address (P.O. Box Number is Not Acceptable): 17369 SENTIMENTAL JOURNEY
Suite, Apt. #, Etc.:
City: Jupiter
State: FL Zip Code: 33458
700048400577
03/15/05--01013--001 **253.75

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] Date: 1-22-05
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	KEVIN FEASTER	17369 SENTIMENTAL JOURNEY	Jupiter, FL 33458
CD	RUSSELL KATANICK	17409 SENTIMENTAL JOURNEY	Jupiter, FL 33458
CD	ANDREW SAPPORITO	17373 SENTIMENTAL JOURNEY	Jupiter, FL 33458

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: KEVIN FEASTER [Signature] Date: 1-22-05 Daytime Phone #: 561 744 1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

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LOST VILLAS CONDOMINIUM ASSOCIATION, INC.
P.O. BOX 1796
JUPITER, FLORIDA 33458

March 5, 2005

Ms. Ruby Dunlap
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Lost Villas Condominium Association, Inc.
Reference Number: 766013

Dear Ms. Dunlap:

Enclosed please find our document and check for \$253.75 along with a copy of your correspondence dated February 3, 2005. Please be advised that Lost Villas did not receive the notices of annual report and therefor is requesting that the reinstatement fee be waived.

Thank you for your consideration.

Very truly yours,

LOST VILLAS CONDOMINIUM ASSOCIATION, INC.

Director