

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 767296

99 MAR 15 PM 2:46

1. Corporation Name

SONOMA LAKE CONDOMINIUM ASSOCIATION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% Guarantee Management Services, Inc.
111 Fontainebleau Blvd.
Miami, FL 33172

REINSTATEMENT 98-99

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified To Do Business in Florida

3/4/83

same as
Suite, Apt. #, etc

111 Fontainebleau Blvd.
Suite, Apt. #, etc

5 FEI Number
22-2454119

Applied For
Not Applicable

City & State

City & State
Miami, FL

Zip

Country

33172

Country

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
Pres	Denise Schek "D"	8321 S.W. 157 Ave., #812	Miami, FL 33193
V.P.	Carol Montero "D"	8311 S.W. 157 Ave., #706	Miami, FL 33193
Sec.	Yvonne Phelps "D"	8261 S.W. 157 Ave., #501	Miami, FL 33193

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*****236.25 *****236.25

B. Name and Address of Current Registered Agent

SKLRD, Inc.
201 Alhambra Circle
Suite 1102
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code
FL

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 SKLRD, Inc. by Lisa A. Lerner *L. Lerner*
REGISTERED AGENT MUST SIGN

Date 1/14/99

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 607.0101 or 617.0101, 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: *Denise Schek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENISE SCHEK

7 JAN 99 3053859624
Date Day/Mo/Year