

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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DOCUMENT # M02917

1. Corporation Name

LUCERNE FLORIDA DEVELOPMENT CORPORATION

Principal Place of Business

8065 Leesburg Pike
Suite 400
Vienna, VA 22182

Mailing Address

8065 Leesburg Pike
Suite 400
Vienna, VA 22182

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 7/18/84

4. Incorporated or Qualified
To Do Business in Florida

7/18/84

5. FEI Number

52-1368144

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
D/P	J. Roderick Heller, III	8065 Leesburg Pike	Vienna, VA 22182
D/T	Ann Torre Grant	8065 Leesburg Pike	Vienna, VA 22182
V/S	Joel F. Bonder	8065 Leesburg Pike	Vienna, VA 22182
V	Eugene H. Goodsell	8065 Leesburg Pike	Vienna, VA 22182
AS	Mildred C. Banks	8065 Leesburg Pike	Vienna, VA 22182

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

Laura R. Dunlap
Laura R. Dunlap, Assistant Secretary

Date 5-14-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Mildred C. Banks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97
Date

703/394-2400
Daytime Phone #

CR2E040 (1/2/96)



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ACCOUNT NO. : 072100000032

REFERENCE 388715 *Patricia P. G. 4807672*

AUTHORIZATION

COST LIMIT : \$ 1088.75

ORDER DATE : May 13, 1997

ORDER TIME : 9:25 AM

ORDER NO. : 388715-005

000002177940--0

CUSTOMER NO: 4807672

CUSTOMER: Ms. Mildred Banks
National Corporation For
8065 Leesburg Pike
Suite 400
Vienna, VA 22182

DOMESTIC FILINGS

NAME: LUCERNE FLORIDA DEVELOPMENT
CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry
EXAMINER'S INITIALS _____

RECEIVED
97 MAY 14 AM 10:34
DIVISION OF CORPORATION