

# 2007 ~~NOT~~ FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005916

1. Entity Name

LA MAISON BLANCHE TOWNHOME HOMEOWNER'S  
ASSOCIATION INC.



Principal Place of Business

429 HENDRICKS ISLE  
C/O MARKUS LEHMANN  
FT LAUDERDALE, FL 33301

Mailing Address

1314 E LAS OLAS BLVD  
C/O MARKUS LEHMANN  
FT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302007

REIN-NP

CR2E099 (1/07)

4. FEI Number

32-0054005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMANN, MARKUS  
1314 E LAS OLAS BLVD #228  
FT LAUDERDALE, FL 33301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2008, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D PR ☐ Delete  
NAME LAMBRECHTS-TALIB, BETTINA  
STREET ADDRESS 431 HENDRICKS ISLE  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D VP ☐ Delete  
NAME ROSENQVIST, THOMAS  
STREET ADDRESS 427 HENDRICKS ISLE  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D TR ☐ Delete  
NAME MARKUS, LEHMANN  
STREET ADDRESS 429 HENDRICKS ISLE  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800111581878  
11/01/07--01033--005 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*MARKUS LEHMANN* MARKUS LEHMANN

10-28-2007

859 6618666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/07