

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 24 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 02676**

1. Corporation Name

LE ATLANTICO CONDOMINIUM ASSOC. INC

2. Principal Office Address

152 RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

32117-5028

Country

U.S.

3. Mailing Office Address

152 RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

32117-5028

Country

U.S.

REINSTATEMENT

02-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/23/1984

5. FEI Number

59 2495464

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

All Florida Realty Services, Inc.

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

152 Ridgewood Avenue

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

100049778221

04/04/05--01019--008. **428 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

Marisa L. Rains, CAM

REGISTERED AGENT MUST SIGN

Date

3/18/05

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	Judith Cravens	10098 W. 147th Street	Orlando Park, IL 60462
VPD	Scott Melahn	9N903 Koshare Circle Elgin IL 60123	ELGIN IL 60123
SD	Dawid Schoelles	2444 Landover Blvd	Spring Hill, FL 34608
TD	Steven Lenzi	650 Fairvilla Road	Orlando, FL 32808
D	Albert Kriebeck	32141 Wolf Branch Lane	Sorrento, FL 32776
D	Walter Cross	Box 508	New Lebanon, NY 12625

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:

Marisa L. Rains, CAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 386-740-6000

Date

Daytime Phone #

CR2E081 (01/05)