

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **003000005556**

1. Corporation Name

Jamestown Square at Lakeridge Homeowners Association, Inc.

2. Principal Office Address
120 NE 4th St

3. Mailing Office Address
120 NE 4th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **06/27/03**

5. FEI Number

56-2569766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED
06 APR -4 PM 12:38

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05/03/06--01005--005 **358.75

7. Name and Address of Current Registered Agent

Name
Gex F Richardson, PA

Street Address (P.O. Box Number is Not Acceptable)
120 NE 4th St

Suite, Apt. #, Etc.

City
Ft. Lauderdale

State
FL

Zip Code
33301

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

REGISTERED AGENT MUST SIGN

Date **3/31/06**

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
▷	Wright, Glenn B Jr	120 NE 4th Street	Ft. Lauderdale, FL 33301
▷	Wright, Patricia K	120 NE 4th Street	Ft. Lauderdale, FL 33301
▷	Kass, Mitchell P	120 NE 4th Street	Ft. Lauderdale, FL 33301

REINSTATEMENT 04-06

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn B Wright, Jr.

3-31-06

Date

954-761-3472

Daytime Phone #