

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03348**

1. Corporation Name

**LAWRENCE WOODS PROPERTY OWNERS'
ASSOCIATION, INC.**

2. Principal Office Address

6702 LAWRENCE WOODS CT.

Suite, Apt. #, etc.

City & State

LANTANA, FL.

Zip

33462

Country

USA

3. Mailing Office Address

6702 LAWRENCE WOODS CT.

Suite, Apt. #, etc.

City & State

LANTANA, FL.

Zip

33462

Country

USA

REINSTATEMENT *0-03*

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1984

5. FEI Number

65-0075027

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

John Haberstick

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

6702 LAWRENCE WOODS CT

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **3-31-03**

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	YORK Lambrecht	6599 LAWRENCE Wds CT.	LANTANA, FL. 33462
TD	John Haberstick	6702 LAWRENCE Wds CT.	LANTANA, FL. 33462
SD	ROD Smith	6615 LAWRENCE Wds CT.	LANTANA, FL. 33462

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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:

[Handwritten Signature]

John Haberstick

3/31/03

561-966-6099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

JK 4/4