

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO 5000001982

**1. Corporation Name**

Las Rosas Condominium Association, Inc.

**2. Principal Office Address - No P.O. Box #**

3063 Riverside Dr.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

**3. Mailing Office Address**

4800 N. State Rd. 7

Suite, Apt. #, etc.

#105

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Sheldon Goldberg

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

4800 N. State Rd. 7

Suite, Apt. #, Etc.

#105

City

Lauderdale Lakes

State

FL

Zip Code

33319

**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

Sheldon Goldberg

Sheldon Goldberg

Date

6/17/08

REGISTERED AGENT MUST SIGN

**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
<u>PD</u>	<u>London, Andrew</u>	<u>3063 Riverside Dr.</u>	<u>Coral Springs, FL 33065</u>
<u>VPD</u>	<u>Liladric, Devin</u>	<u>3071 Riverside Dr.</u>	<u>Coral Springs, FL 33065</u>
<u>TD</u>	<u>Vega, Janice</u>	<u>9593 N.W. 27th Ct.</u>	<u>Coral Springs, FL 33065</u>

**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

ANDREW LONDON

Date

6/17/08

Daytime Phone #

954-640-2070

FILED

08 JUL 17 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300133690433

07/29/08--01009--017 \*\*183.75

REINSTATEMENT 06-08

CR2E081 (12/07)

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

2/18/2005

**5. FEI Number**

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7/22