PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN 29 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N10671

1. Corporation Name
~~THE~~ The LAKE FOREST TWINLAKES PROPERTY OWNERS ASSOCIATION, INC

2. Principal Office Address	**3.** Mailing Office Address
4020 SW 33RD ST.	4020 SW 33RD STREET
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33023 / Country USA	Zip 33023 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8-13-85

5. FEI Number NOT APPLICABLE — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SHARON M. FYFFE

Street Address (P.O. Box Number is Not Acceptable) 4020 SW 33RD STREET

Suite, Apt. #, Etc. —

City HOLLYWOOD State FL Zip Code 33023

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 Sharon M. Fyffe Date 11-30-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	SHARON M. FYFFE	4020 SW 33RD ST	HOLLYWOOD FL 33023
VP	ALLAN BAPTY	3320 SW 40th ~~AVENUE~~	HOLLYWOOD FL 33023
T	JAMES WILKIE	4401 SW 31 DR.	HOLLYWOOD FL 33023
SD	SYLVIE MARTIN	4041 SW 31 DR	HOLLYWOOD FL 33023
		REINSTATEMENT	00-01

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: Sharon M. Fyffe 11-30-01 954-963-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #