

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB -8 AM 10:57

**DOCUMENT #** N10671

**1. Corporation Name**  
~~THE~~ LAKE FOREST TWIN LAKES PROPERTY OWNERS ASSOCIATION, INC

200004915602--7  
-02/13/02--01074--002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

**2. Principal Office Address**  
4020 SW 33RD ST.

**3. Mailing Office Address**  
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** ☒ \$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  
**REGISTERED AGENT MUST SIGN**

**Date** 11-30-01

**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 BAPT	3320 SW 40th AVENUE	HOLLYWOOD FL 33023
T	JAMES WILKIE	4401 SW 31 DR.	HOLLYWOOD FL 33023
S	SYLVIE MARTIN	4041 SW 31 DR	HOLLYWOOD FL 33023
PD	VICKIE JONAS	3832 SW 33RD CT	HOLLYWOOD FL 33023
PD	MELBA WAGNER	4031 SW 33RD DRIVE	HOLLYWOOD FL 33023
PD	ANGIE O'SULLIVAN	3611 SW 35th STREET	HOLLYWOOD FL 33023

**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

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** 11-30-01 **Daytime Phone #** 954-963-7745

CR2E081 (9/00)

TO; DIVISION OF CORPORATIONS  
FROM: SHARON FYFFE  
RE: RE-INSTATMENT OF CORPORATION APPLICATION

SIRS:

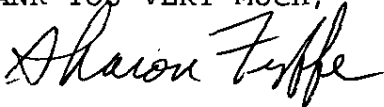
I MAILED YOU AN APPLICATION FOR RE-STATEMENT OF OUR CORPORATION ON NOVEMBER 30, 2001 ALONG WITH A CHECK FOR \$297.50. I HAVE SINCE TALKED TO YOU AND LEARNED THAT THE APPLICATION AND CHECK WERE MAILED BACK TO ME BECAUSE THE NAME OF THE CORPORATION WAS INCORRECT AND WE NEEDED TWO MORE PERSONS LISTED AS DIRECTORS.

I HAVE NEVER RECEIVED THE RETURNED APPLICATION AND CHECK.

I AM SENDING A NEW APPLICATION AND CHECK. I AM INCLUDING TWO MORE DIRECTOR'S NAMES. I HAVE SINCE TALKED TO YOU AND IT SEEMS THE CORPORATION NAME ON THE APPLICATION IS CORRECT. THE PAST PRESIDENT WAS JOE PHILLIPS, HIS ADDRESS IS 3700 SW 32 CT. HOLLYWOOD, FL 33023. I AM THE NEW PRESIDENT, MY ADDRESS IS BELOW.

PLEASE HELP ME GET THIS APPLICATION CORRECT AND THE RE-STATEMENT RESOLVED.

THANK YOU VERY MUCH,



SHARON FYFFE  
4020 SW 33 DRIVE  
HOLLYWOOD, FL 33023  
954-963-7745