

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10718

1. Corporation Name

Lake Lucerne Civic Association, Inc.

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

1625 N.W. 188th Terrace

Suite, Apt. #, etc.

City & State

Miami Gardens, Florida

Zip

33169-3601

Country

U.S.A.

3. Mailing Office Address

1625 N.W. 188th Terrace

Suite, Apt. #, etc.

City & State

Miami Gardens, Florida

Zip

33169-3601

Country

U.S.A.

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

August 7, 1985

5. FEI Number

☐ 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

Betty Ferguson

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

1625 N.W. 188th Terrace

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33169-3601

☒ 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.

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

Betty J. Ferguson
REGISTERED AGENT MUST SIGN

Date August 21, 2008

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
D	Janice Smith	20525 N.W. 21st Avenue	Miami Gardens, Florida 33056
D	David Dykes	20513 N.W. 22nd Place	Miami Gardens, Florida 33056
D	Joyce Moncur	20620 N.W. 22nd Avenue	Miami Gardens, Florida 33056

REINSTATEMENT 109704708--01098--012 **1417.50

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gls

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:

Janice Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE SMITH

8-28-08

Date

305-624-4205

Daytime Phone #