PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 236.25

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -1 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23855**

1. Corporation Name

LAKE SURPRISE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2352 KEY LARGO FL 33037	POST OFFICE BOX 2352 KEY LARGO FL 33037

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1987

5. FEI Number: 65-0055978 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD	EVERSON, FREDERICK	16 MANGROVE LAND	KEY LARGO FL
PD	VALET, PAUL	31 MANGROVE LANE	KEY LARGO FL
VD	DALY, BILLY	13647 S.W. 117TH LANE	MIAMI FL
SD	TRUMP, YOLANDA	20 MANGROVE LANE	KEY LARGO FL

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-12/03/97--01089--004
*****61.25 *****61.25
700002362927--8
-12/03/97--01089--005
*****175.00 *****175.00

8. Name and Address of Current Registered Agent

EVERSON, FREDERICK
16 MANGROVE LANE
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Frederick Everson. Date
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Frederick Everson - Treasurer. 12 Nov 97 451-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #