

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

00 SEP 14 PM 1:27

DOCUMENT # N 23855

1. Corporation Name

LAKE SURPRISE II CONDOMINIUM ASSOCIATION

2. Principal Office Address

31 MANGROVE LANE

Suite, Apt. #, etc.

3. Mailing Office Address

31 MANGROVE LANE

Suite, Apt. #, etc.

City & State

KEY LARGO FL.

City & State

KEY LARGO FL

Zip

33037

Country

USA

Zip

33037

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1987

5. FEI Number

65-0045773

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

PAUL VALET

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

31 MANGROVE LANE

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

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

Paul Valet

REGISTERED AGENT MUST SIGN

Date 9/4/00

9/9/14

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
DIR	YOLANDA TRUMP	20 MANGROVE LANE	Key Largo FL 33037
DIR	MARIO MEDEROS	5 MANGROVE LANE	Key Largo FL 33037
DIR	PAUL VALET	31 MANGROVE LANE	Key Largo FL 33037
PRES.	YOLANDA TRUMP	20 MANGROVE LANE	Key Largo FL 33037
TRES.	JOSE BACALLAO	26 MANGROVE LANE	Key Largo FL 33037
SEC.	ROSEMARIE BACALLAO	26 MANGROVE LANE	Key Largo FL 33037

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: Paul Valet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/00 3054518045

Date

Daytime Phone #

CR2E081 (9/99)