

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23855**

1. Corporation Name

LAKE SURPRISE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20 MANGROVE LANE
KEY LARGO FL 33037
US

20 MANGROVE LANE
KEY LARGO FL 33037
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO Box 37-0293

Suite, Apt. #, etc.

PO Box 37-0293

City & State

Key Largo, FL

City & State

Key Largo, FL

Zip

33037

Country

Zip

33037

Country

REINSTATEMENT **03**

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. 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	4 City / State / Zip
DPD	TRUMP, YOLANDA	20 MANGROVE LANE	KEY LARGO FL 33037
D	MEDEROS, MARIO	5 MANGROVE LANE	KEY LARGO FL 33037
D	VALET, WILLIAM	30 MANGROVE LANE	KEY LARGO FL 33037
T	BACALLAO, JOSE	26 MANGROVE LANE	KEY LARGO FL 33037
S	BACALLAO, ROSEMARIE	26 MANGROVE LANE	KEY LARGO FL 33037
D	Valet, Paul	31 Mangrove Lane	Key Largo, FL 33037

8. Name and Address of Current Registered Agent

TRUMP, YOLANDA
20 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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

P Arango, Robert
T Trump, Thomas
S Valet, Gale

21 Mangrove Lane Key Largo, FL 33037
20 Mangrove Lane Key Largo, FL 33037
31 Mangrove Lane Key Largo, FL 33037