

299.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 14 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 27780

1. Corporation Name

LARCHMONT APARTMENTS SECTION NO. 1, INC.

600016321856
04/18/03--01034--034 **297.50

REINSTATEMENT 02-03

2. Principal Office Address

2100 CONSTITUTION BLVD.

Suite, Apt. #, etc.

SUITE 118

City & State

SARASOTA, FL

Zip

34231

Country

SARASOTA

3. Mailing Office Address

2100 CONSTITUTION BLVD.

Suite, Apt. #, etc.

SUITE 118

City & State

SARASOTA, FL

Zip

34231

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

8-8-1988

5. FEI Number

591-794-387

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

PROGRESSIVE COMMUNITY MANAGEMENT, INC.

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

2100 CONSTITUTION BLVD.

Suite, Apt. #, Etc.

SUITE 118

City

SARASOTA,

State

FL

Zip Code

34231

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

JIM MARKEL, V-P

Date 4-1-03

REGISTERED AGENT MUST SIGN

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
P/O	SUSAN PATTERSON	2741 S. BRINK AVE	SARASOTA FL 34239
D	MARY DOUSE	2385 ACORN COURT	W. BLOOMFIELD, MI 48324
STO	ARTHUR NEWMAN	P.O. BOX 49883	SARASOTA FL 34230
DV	DANIEL PRESSLER	151 CHESTNUT RD.	SEVEN HILLS, OH 44131

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:

 ARTHUR H. NEWMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

(941) 955-8903

Daytime Phone #

CR2E081 (10/02)