

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN -3 PM 3: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36331

1. Corporation Name

LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.

W 07-57725

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

10699 LAGO WELLEBY DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 450821

Suite, Apt. #, etc.

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip
33345-7821

Country
USA

Zip
33345-7821

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 01/29/1990

5. FEI Number 650302274

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
KARL MIKKELSEN

Street Address (P.O. Box Number is Not Acceptable)
10699 LAGO WELLEBY DRIVE

Suite, Apt. #, Etc.

City
SUNRISE, FLORIDA

State
FL

Zip Code
33351

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

Karl Mikkelsen

REGISTERED AGENT MUST SIGN

Date 11/12/07

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
PD	KARL MIKKELSEN	10699 LAGO WELLEBY DRIVE	SUNRISE, FLORIDA
VPD	FREDERICK VOLMAR	10633 LAGO WELLEBY DRIVE	SUNRISE, FLORIDA
SD	PAT MORRISON	10687 LAGO WELLEBY DRIVE	SUNRISE, FLORIDA
TD	MARITZA AROCHO-MACDONALD	10675 LAGO WELLEBY DRIVE	SUNRISE, FLORIDA
D	MATT MACDONALD	10675 LAGO WELLEBY DRIVE	SUNRISE, FLORIDA
D	STEVEN MIELE	10633 LAGO WELLEBY DRIVE	SUNRISE, FLORIDA

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:

Karl Mikkelsen KARL MIKKELSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/07
Date

954 746-9246
Daytime Phone #