

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **N43457**
 1. Corporation Name **Lago del Sol Homeowners Association, Inc.**
Lago del Sol Drive
Lake Worth, Fl. 33467

99 MAY -4 PM 1:15
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business: **Lago del Sol, Lake Worth, Fl. 33467**
 Mailing Address: **5824 Lago del Sol Drive, Lake Worth, Fl. 33467**

REINSTATEMENT

96-99
 2/28
 5/1/99

If above addresses are incorrect in any way line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable: **Lago del Sol**
 Suite, Apt. #, etc.
 City & State: **5824 Lago del Sol Dr.**
 Zip: Country:
 3. New Mailing Office Address, If Applicable: **5824 Lago del Sol Dr**
 Suite, Apt. #, etc.
 City & State: **Lake Worth, Fl.**
 Zip: **33467** Country: **U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida: **6-16-91**
 5. FEI Number
 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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
(D)	Joel McClintock	5824 Lago del Sol Dr.	Lake Worth, Fl 33467
V.P.(D)	Rick Rossi	625 Whispering Pines	Bounton Beach, Fl. 33435
(D)	Britta Klawelllyn	6577 Marissa Circle	Lake Worth, Fl. 33467
(D)	Sharon Thomann	5382 Steven Rd.	Bounton Beach, Fl. 33437
Pres.(D)	Craig Waller	12775 Spinnaker Lane	Wellington, Fl. 33414

8. Name and Address of Current Registered Agent
J.W. Cheatham
7396 Westport Place
WPB FL 33413

9. Name and Address of New Registered Agent
 Name: **Joel McClintock**
 Street Address (P.O. Box Number is Not Acceptable): **5824 Lago del Sol Drive**
 Suite, Apt. #, Etc.
 City: **Lake Worth** State: **FL** Zip Code: **33467**

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: **Joel McClintock**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

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: **Joel McClintock**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Spt. 28 / 98 561-78-7171
 Date Daytime Phone #

CR2200-1-098