

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

01 MAY -7 AM 11:56

DOCUMENT # N47098

1. Corporation Name

Loch Lomond Homeowners Association, Inc

2. Principal Office Address

7120 Gleneagle Dr

Suite, Apt. #, etc.

City & State

Miami Lakes FL

Zip 33014

Country USA

3. Mailing Office Address

7120 Gleneagle Dr

Suite, Apt. #, etc.

City & State

Miami Lakes FL

Zip 33014

Country USA

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida

1992

5. FEI Number

65 0309211

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

Gunilla Crawford

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

7120 Gleneagle Drive

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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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

Gunilla Crawford

REGISTERED AGENT MUST SIGN

Date

3/18/01

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
<u>P</u>	<u>Gunilla Crawford</u>	<u>7120 Gleneagle Dr</u>	<u>Miami Lakes, FL 33014</u>
<u>VP</u>	<u>Kathleen Gordon</u>	<u>15909 W. Troon Cir.</u>	<u>Miami Lakes, FL 33014</u>
<u>T</u>	<u>Laureen Varga</u>	<u>16015 W. Prestwick Pl.</u>	<u>Miami Lakes, FL 33014</u>
<u>S</u>	<u>N. Joseph Potts</u>	<u>15861 W. Prestwick Pl.</u>	<u>Miami Lakes, FL 33014</u>
	<u>(all above are directors, and there are no others)</u>		

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

N. Joseph Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Joseph Potts

Date

3/16/01

Daytime Phone #

305 822 9840

CR2E081 (9/00)