


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001583**

1. Corporation Name
LAWN ACRES CIVIC ASSOCIATION

2. Principal Office Address 400 S. 57 TERRACE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State	
Zip 33023	Country USA	Zip	Country

REINSTATEMENT 05

CR2E081 (8/05)
07-05-05 01025 007 8245.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 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
OREN D. DINKEL

Street Address (P.O. Box Number is Not Acceptable)
400 S. 57 TERRACE

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33023

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 *Oren D. Dinkel* Date 10/15/2005

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	OREN D. DINKEL	400 S. 57 TERRACE	HOLLYWOOD, FL 33023
VP	JOSEPH PAPPAS	519 58 TERRACE	HOLLYWOOD, FL 33023
S	-		
T	MARY RYGIEL	415 S. 56 TERRACE	HOLLYWOOD, FL 33023

DR 10/24

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: *Oren D. Dinkel* Date 10/15/05 Daytime Phone # 954-274-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR