

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 JAN 26 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9400002810

1. Corporation Name

LAMPLIGHTER CONDOMINIUM ASSOCIATION, INC.

*W99-1147*

Principal Place of Business

Mailing Address

4540 Bouganvillea Drive  
Lauderdale by the Sea, FL 33008

**REINSTATEMENT**

*W99*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/06/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0590132

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
P/D	Joann Antonelli	9073 Long Lake Palm Drive	Boca Raton, FL 33496
VP/D	Vincent Serena	9073 Long Lake Palm Drive	Boca Raton, FL 33496
S/T/D	Chrissie Serena	9073 Long Lake Palm Drive	Boca Raton, FL 33496
			300002761833--6 -02/02/99-01058--005 ****420.00 ****420.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Steven L. Daniels, Esquire  
Arnstein & Lehr  
633 Plaza Real, Suite 275  
Boca Raton, FL 33432

Name

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

Suite, Apt. #, Etc.

City

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\*\*\*\*420.00 \*\*\*\*420.00

FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 01/25/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

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)(b), 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:

*Joann Antonelli, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOANN ANTONELLI, President

01/25/99

Date

(561) 451-0251

Daytime Phone #

CR2E040 (1-98)