

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **196000000955**

1. Corporation Name
**LAGO LARGO HOME OWNERS
ASSOCIATION, INC.**

2. Principal Office Address
11606 NW 19th

Suite, Apt. #, etc.

City & State
Coral Springs

Zip
33071

Country
USA

3. Mailing Office Address
PO Box 770866

Suite, Apt. #, etc.

City & State
Coral Springs

Zip
33077

Country

REINSTATEMENT

3/9/00 90098/007 \$10.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0791-507

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
Brock Property Management, Inc.

Street Address (P.O. Box Number is Not Accepted)
11606 NW 19th

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33071

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
James M Brock

Date
5/22/01

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
PD	Gregory Jones	12278 NW 1st Street Plantation, FL 33325	Plantation, FL 33325
VP	Joe Helms	12297 NW 1st Street Plantation, FL 33325	
TD	George Haennike	12241 NW 1st Plantation, FL 33325	
SD	aman Sori	12201 NW 1st Street Plantation, FL 33325	
D	Jean Young	12217 NW 1st Street Plantation, FL 33325	

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: **James M Brock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
06/14/01

Daytime Phone #
954-476-9545

CR2E081 (8/00)