

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 17 PM 12:50

SECRET
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 97 00000 4643

1. Corporation Name

LAWRENCE CONDOMINIUM ASSOCIATION INC

DOCUMENT # N 97 00000 4643

2. Principal Office Address

13200SW 128ST BLDG 6-3

3. Mailing Office Address

13200SW 128ST

Suite, Apt. #, etc.

6-3

Suite, Apt. #, etc.

BLDG 6-3

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

DADE

Zip

33186

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

8-14-97

5. FEI Number

65-1026118

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

MATIAS FERNANDEZ

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

13200 SW 128 ST

Suite, Apt. #, Etc.

BLDG 6-3

City

MIAMI

State

FL

Zip Code

33186

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 1-6-06

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	MATIAS FERNANDEZ	13200SW 128ST BLDG 6-3	MIAMI FL 33186
VP	CARLOS SANTA TERESA	3000 SW 103 AVE	MIAMI FL 33165

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 contained in Chapter 119, 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: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-06

Daytime Phone #

3053028709