

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004643

1. Corporation Name

Lawrence Condominium Association, Inc

W10 — 15178

2. Principal Office Address - No P.O. Box #

717 Ponce de Leon Blvd.

Suite, Apt. #, etc.

305

City & State

Coral Gables, Fl

Zip

33134

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
10 APR 14 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA
600173151306
04/14/10--01046--012 **61.25
REINSTATEMENT 07-10
600173151306
03/25/10--01037--015 **183.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 8/14/1997

5. FEI Number
65-1026118

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

New World Mortgage Services, LLC

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

717 Ponce De Leon Blvd S307

Suite, Apt. #, Etc.

305

City

Coral Gables

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/08/2010

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	Joseph M. Vazquez	717 Ponce De Leon Blvd S305	Coral Gables, Fl 33134
VP	Jose Orozco	3911 NW 2 St	Miami, Fl. 33134

10. E-mail Address: newwrlf@gmail.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/2010 305-444-9300

Date

Daytime Phone #