

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 AUG 31 AM 9:36

DOCUMENT # N98000000972

1. Corporation Name

LIONSGATE KEY WEST CONDOMINIUM  
ASSOCIATION, INC.

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

1124 OLIVIA ST (UP)

Suite, Apt. #, etc.

3. Mailing Office Address

336 Duval St.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

City & State

Key West, FL 33040

Zip

33040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/1998

5. FEI Number 372501922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name

MARK O. FRIBA

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

1124 OLIVIA ST (UP)

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☐ 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

8/30/07

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
Pres/Off	DAWN POWERS	33 Ridgewood Ave	Glen Ridge, NJ 07028
VP/Sec	MARK O. FRIBA	44 Beverly St	Rochester, NY 14610
		TS 9/6/07	
		REINSTATEMENT 05-07	
		500108900299	
		08/31/07--01027--005 **358.75	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/30/07 58-779-0645

Daytime Phone #