PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N98000001313 1. Corporation Name

LLOYD ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

380 NW 37 ST.

FORT LAUDERDALE FL 33309

380 NW 37 ST. FORT LAUDERDALE FL 33309

FILED

03 MAY 29 PM 12: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

if above addresses are incorrect in any way, line through incorrect information and enter correction below.					The state of the s				
3511 NW 5 AVE 351			alling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/04/1998				
			ite, Apt. #, etc.		5. FEI Number 65 - 08 2 0 3 7 8 Applied For				
OAKLANO PAKK O)		OAK V	DAK LAMPAKK, FL		6.				
	1-5702 Country USA	33309		USA	L	OF STATUS DESIRE	for a Certif	ficate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors).		54644		
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director			City / State / Zip				
PD	BARCELO, RICARDO	380 NW 37 ST.			OAKLAND FL 33369				
D	MAUTNER, ALAN		741 NW 36 ST.			FORT LAUDER	DALE FL 33309		
D	DIXON, PAT		70 NW 34 ST.			FORT LAUDER	DALE FL 33304		
PD	GEROA KENDALL	-	801 NV	v 345	T	OAKLA	NO PARS	PL 3370	
10	ELBERT WKAI	_	3511 N	'W 5 A	NE	ч	l)	3330	
D	JEFF HELVER	,	740 N	W 38	ST	u	4	33309	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
BARCELO, RICARDO TO 380 NW 37TH ST.				Name ELBERT WRAINS Street Address (P.O. Box Number is Not Acceptable) 3511 NW 5 AN					
	LAUDERDALE FL 33309		Suite, Apt. #, Etc.) AVC				
				City	4		State Zip Co	de l	

10. I, being appointed the registered agent of the above named corpora

Signature of Registered Agent

REDISTERED AGENT MUST SIGN

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 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.

954-561-8589

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR