PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA
800011890778
02/05/03--01088--018 **297.50

REINSTATEMENT 02-03

DOCUMENT # N98000001633

1. Corporation Name

LENOX COURTYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
440 ALEXANDRA CIRCLE WESTON FL 33326	440 ALEXANDRA CIRCLE WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3267 HUNTINGTON	3267 HUNTINGTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33332 Country	Zip: 33332 Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/20/1998

5. FEI Number: 65-0893531 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	LIEB, BRUCE	~~440 ALEXANDRA CIRCLE~~ 3267 HUNTINGTON	WESTON FL ~~33326~~ 33332
~~VSD~~	~~WYNER, JASON~~	~~822 LENOX AVE #8~~	~~MIAMI FL 33139~~
V	Rossi Leo	822 Lenox Ave #1	Miami, FL 33139
S	Ken Headley	822 Lenox Ave #6	Miami, FL 33139

8. Name and Address of Current Registered Agent

LIEB, BRUCE MR.
440 ALEXANDRA CIRCLE
WESTON FL 33326

9. Name and Address of New Registered Agent

Name: Bruce Lieb
Street Address (P.O. Box Number is Not Acceptable): 3267 HUNTINGTON
Suite, Apt. #, Etc: Weston
City: Weston State: FL Zip Code: 33332

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 2-3-2003
REGISTERED 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.

SIGNATURE: SIGNATURE REQUIRED Date: 2-3-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 954-446-4[illegible]

CR2E040 (8/02)