


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN 10 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000065913			
1. Corporation Name 2511 LAGUNA TERRACE, INC..			
2. Principal Office Address 9734 W Sample Road Suite, Apt. #, etc.		3. Mailing Office Address 9734 W Sample Road Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country USA	Zip 33065	Country USA

700038245247
06/24/04--01075--002 **1050.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		07/03/2001
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name Bruce D. Green		
Street Address (P.O. Box Number is Not Acceptable) 1313 South Andrews Avenue		
Suite, Apt. #, Etc.		
City Fort Lauderdale	State FL	Zip Code 33316

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 06/09/2004

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
D	LaVallee, James L	109 SE 13th Avenue	Ft. Lauderdale, FL 33301
D	Krips, Thomas H Jr.	317 E Acre Drive	Ft. Lauderdale, FL 33317
D	Paolino, Louis	2626 Del Mar Place	Ft. Lauderdale, FL 33301

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/04

Date

954-764-4008

Daytime Phone #

CR2E061 (01/04)