

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 DEC 24 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000002364

1. Corporation Name

LENNAR FLORIDA APARTMENTS II Q.A., INC.

Principal Place of Business

760 NW 107TH AVENUE  
SUITE 400  
MIAMI FL 33172

Mailing Address

760 NW 107TH AVENUE  
SUITE 400  
MIAMI FL 33172



REINSTATEMENT

98

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0380543

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPST	KRASNOFF, JEFFREY P	700 NW 107TH AVE SUITE 400	MIAMI FL
VP	LEVIN, DAVID	760 NW 107 AVE, STE 400	MIAMI FL
DVP	LEWIS, JR. W	1585 BROADWAY 37TH FLOOR	NEW YORK NY 10036
AS	NEALON, THOMAS F., III	760 NW 107TH AVENUE, ATE. 400	MIAMI FL 33172
VP	BLASER, THEKLA	760 NW 107TH AVENUE, SUITE 400	MIAMI FL
VP	Schrager, Ronald E.	760 NW 107 Ave., Ste. 400	Miami, FL 33172

8. Name and Address of Current Registered Agent

NEALON, THOMAS F III  
760 NW 107 AVE  
STE 400  
MIAMI FL 33172

00002726787--4  
-12/30/98--01072--011  
\*\*\*\*750.00 \*\*\*\*750.00

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered Agent

*Thomas F. Neal*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 12/4/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Ronald E. Schrager*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

12/4/98 (305) 220-4300  
Date Daytime Phone #

CR2E040 (8/98)