

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

FILED
Dec 18, 2002 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



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

DOCUMENT # 747789

1. Corporation Name

LAKE DWELLERS COMMUNITY
 ASSOCIATION, INC.

REINSTATEMENT 89-02

700009368187
 12/05/02--01020--012 **1041.25

2. Principal Office Address

1614 RAINCROW DR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

3. Mailing Office Address

1614 RAINCROW DR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

4. Date Incorporated or Qualified
 To Do Business in Florida

6/25/1975

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW WHITE

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

1614 RAINCROW DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32259

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

Andrew White

REGISTERED AGENT MUST SIGN

Date

12/3/02

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
P.	ANDREW WHITE / D	1614 RAINCROW DR.	JACKSONVILLE, FL 32259
V	CONSTANCE KNIGHT / D	1610 RAINCROW DR.	JACKSONVILLE, FL 32259
S/T	JAUET MARTIN / D	1660 POND GANNETT LN.	JACKSONVILLE, FL 32259

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:

Andrew White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/02

Date

904-287-3815

Daytime Phone #

CR2E081 (9/01)