

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002703**

1. Corporation Name

LAKE CANE PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

PO BOX 396
OAKLAND FL 34760

Mailing Address

PO BOX 396
OAKLAND FL 34760

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRIMES, MARC	PO BOX 396	OAKLAND FL 34760
D	MARKER, ALVIN	PO BOX 775	POLK CITY FL 33868
D	JOHNSON, BLAIR M	425 SOUTH DILLARD ST.	WINTER GARDEN FL 34787

100008895591
11/08/02--01115--005 **297.50

8. Name and Address of Current Registered Agent

GRIMES, MARC
5 EAST OAKLAND AVE.
OAKLAND FL 34760

9. Name and Address of New Registered Agent

Name
Blair M. Johnson
Street Address (P.O. Box Number is Not Acceptable)
425 S. Dillard St.
Suite, Apt. #, Etc.

City
Winter Garden State **FL** Zip Code
34787

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

Blair M. Johnson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **8/22/02**

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:

Blair M. Johnson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-24-02** Daytime Phone #

CR2E040 (8/01)