

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

RECEIVED / FEB 27 AM 11:18

FEB 04 2003 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIRECTORS OFFICE

DOCUMENT # N00000007624

1. Corporation Name

Lake Camille Condo. Homeowners Assoc., INC.

02/03/03 \$122.50
BT: 93138 RC: 1672784
D: 159 LC:
803-803-001041 \$122.50

2. Principal Office Address

1400 Homestead Road N.

Suite, Apt. #, etc.

3. Mailing Office Address

1400 Homestead Road N.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL.

Zip

33936

Country

USA

City & State

Lehigh Acres, FL.

Zip

33936

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Robert D. Peters

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

18088 Phlox Dr

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

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

[Signature]

Date

1-6-03

REGISTERED AGENT MUST SIGN

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
Dir.	Michael S. Peters	2516 7 th ST. W.	Lehigh Acres, FL 33971
Dir.	Fred D. Elliott	321 Broadway St.	Lehigh Acres, FL 33972
Dir.	Don Bouthillier	1941 Golfside Village Dr.	Lehigh Acres, FL 33972

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]

Michael S. Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/2003

Daytime Phone #

(239) 369-6161

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CNPPPJ2 - 01 RUN DATE 02/25/2003 AS OF 02/25/2003
FLAIR - CENTRAL ACCOUNTING

Sean

450000 00
PAGE 3

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POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN INITIATING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

SWDN R3000002697 ADOCNO

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA
ACCOUNT CODE	CF	TC	OBJECT		
45 50 2 130001 45300100 00 000100 00	40		0010	122.50	
TRANSACTION CODE TOTAL - 40			122.50		