

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # N02000009703**

1. Corporation Name

**LOST LAKE RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

33 E WALL ST  
FROSTPROOF FL 33863

33 E WALL ST  
FROSTPROOF FL 33863

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

**REINSTATEMENT 03**

700024505297  
11/07/03--01027--023 \*\*175.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

12/17/2002

City & State

City & State

5. FEI Number

20-0298724

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Harry Lerner	3434 Colwell Street	Tampa, FL 33614
VP	F. Hood Craddock	33 East Wall Street	Frostproof, FL 33843
S/T	Margie McGough King	3434 Colwell Street	Tampa, FL 33614

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRADDOCK, F. HOOD  
33 E WALL ST  
FROSTPROOF FL 33863

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. or 617.0505, F.S.

Signature of Registered Agent

*SIGNATURE*

Date

REGISTERED AGENT MUST SIGN

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:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03

Date

(863) 635-4804

Daytime Phone #

CR2E040 (7/03)