

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC -7 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000005966**

1. Corporation Name **N05000005966**
Lido Islander Condominium Assoc.

2. Principal Office Address - No P.O. Box #
528 S. Polk Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
1770 W. State St.
Suite, Apt. #, etc. **#108**

City & State
Sarasota, FL **Boise, ID**

Zip Country Zip Country
34236 USA 83702 USA

600163365586
12/07/09--01016--011 **245.00
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida **6/8/05**

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 **Patricia Hamm Lazar**

Street Address (P.O. Box Number is Not Acceptable)
~~Patricia Hamm Lazar~~

Suite, Apt. #, Etc. **528 S. Polk Dr.**

City ~~Boise~~ **Sarasota** State **FL** Zip Code **34236**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Patricia Hamm Lazar** Date **12/2/09**
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
DPT	Patricia Hamm Lazar	1770 W. State St. #108	Boise, ID 83702
DVS	Daniel Lazar	1770 W. State St. #108	Boise, ID 83702
D	Sallie Weems	2322 SW 128 Ave.	Miami, FL 33175

10. E-mail Address: **PHammlazar@aol.com**
(To be used for future annual report notification)

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. I further certify, 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: **Patricia Hamm Lazar** Date **12/2/09** Daytime Phone # **353-0239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7