

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC -1 PM 3:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N05840**

1. Corporation Name

PARK LAKE ASSOCIATION NUMBER THREE, INC.

Principal Place of Business

700 OVERLOOK DRIVE
 WINTER HAVEN FL 33884

Mailing Address

700 OVERLOOK DRIVE
 WINTER HAVEN FL 33884

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1984

5. FEI Number

59-2698696

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
SRD	LARSON, LLOYD Crowley, Ivie	2040 SAN MARCOS DR. 2045 San Marcos Dr	WINTER HAVEN FL Winter Haven, FL
VD	WARD, TRACY	2040 SNA MARCOS DRIVE	WINTER HAVEN FL
9FD	RYAN, SHANNON	2040 SAN MARCOS DRIVE	WINTER HAVEN FL
OK PD P	BLANTON, MILLY A.	2040 SAN MARCOS DRIVE	WINTER HAVEN FL
D	HALBIG, LEE	2040 SN MARCOS DRIVE	WINTER HAVEN FL
SRD	MERRILL, WARREN	2040 SAN MARCOS DRIVE #206	WINTER HAVEN FL

8. Name and Address of Current Registered Agent

CASSIDY, ALBERT B.
 700 OVERLOOK DRIVE
 WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 700002362917--6
 Suite, Apt. #, Etc. -12/04/97--01068--007
 City ****236.25 State FL Zip Code ****236.25

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

Albert B. Cassidy

REGISTERED AGENT MUST SIGN

Date

10-29-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milly A. Blanton

Date

10-29-97

Daytime Phone #

CR2E040 (8/97)