

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

N0300003852

05 JUN 27 11:37

DOCUMENT # *N07397*

1. Corporation Name

Lakeview Foundation, Inc.

2. Principal Office Address

1221 West Lakeview Avenue

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 31, 1985

5. FEI Number

59-2889929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *0105*

7. Name and Address of Current Registered Agent

Name
Wright Moulton

Wright Moulton

Street Address (P.O. Box Number is Not Acceptable)
5041 Bayou Boulevard

Suite, Apt. #, Etc.
Suite 300

City
Pensacola

State
FL

Zip Code
32503

900057346819
07/12/05--01033--016 **8.75

900057346819
07/12/05--01033--015 **48.25

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

Wright Moulton

REGISTERED AGENT MUST SIGN

Date *6.22.05*

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
<i>D</i>	Wright Moulton	5041 Bayou Blvd, Suite 300	Pensacola, FL 32503
<i>PD</i>	L. Kathleen Horton-Brown	1221 West Lakeview Avenue	Pensacola, FL 32501
<i>TD</i>	Charles F. Gund, Jr.	1221 West Lakeview Avenue	Pensacola, FL 32501

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:

Wright Moulton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.22.05

Date

Daytime Phone #

850.969.3157

CR2E081 (01/05)