

APPLICATION FOR REINSTATEMENT



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

FILED
97 MAY 27 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36563
1. Corporation Name **Bedford at The Lakes Homeowners Assoc. Inc.**

Principal Place of Business Mailing Address
**213 NW Bentley Circle
Port St Lucie, Fl 34986**

REINSTATEMENT 96-97

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 | 4. Date Incorporated or Qualified To Do Business in Florida 2/12/90 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. FEI Number 65-0172399 |
| City & State | City & State | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| Zip Country | Zip Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|----------|-----------------------------------|---|-------------------------|
| PD | Jack Clouser | 245 NW Bentley Cr | Port St Lucie, Fl 34986 |
| VD | Meyerowitz, Mike | 316 NW Bentley Cr | Port St Lucie, Fl 34986 |
| SD | Kelly, Marion | 324 NW Bentley Cr | Port St Lucie, Fl 34986 |
| TD | Novelli, Dorothy | 1568 NW Amherst Dr | Port St Lucie, Fl 34986 |
| D | Medledeff, George | 116 NW Bentley Cr | Port St Lucie, Fl 34986 |

| | |
|---|---|
| 8. Name and Address of Current Registered Agent Jane Cornett 401 east Osceola St Stuart, Fl 34995 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) Suite, Apt. #, Etc. City State Zip Code FL |
|---|---|

10. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Dorothy Novelli, Treas.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **5-2-97** (561) 879-4686 Daytime Phone #

CR2E340 (12/96)