

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N45731

1. Corporation Name

LINDALE ESTATES PROPERTY OWNERS'  
ASSOCIATION, INC.

2. Principal Office Address

158 LINDALE STREET

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33809

Country

3. Mailing Office Address

158 LINDALE STREET

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33809

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/23/1991

5. FEI Number

59-3221241

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

MATTHEW F. WHEELER

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

158 LINDALE STREET

Suite, Apt. #, Etc.

City

LAKELAND, FL

State

FL

Zip Code

33809

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

*Matthew F. Wheeler*

REGISTERED AGENT MUST SIGN

Date

11/19/03

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
P/D	MATTHEW F. WHEELER	158 LINDALE STREET	LAKELAND, FL-33809
V/D	DAVID M. HEWITT	233 LINDALE STREET	LAKELAND, FL 33809
T/S/D	THERESA HOLCOMB	102 LINDALE STREET	LAKELAND, FL 33809

REINSTATEMENT 92-03 TS

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:

*Matthew F. Wheeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/03

(863) 284-1559

Daytime Phone #

CR2E081 (10/02)