

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005657**

1. Corporation Name

LAKESIDE V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~13028 SW 128TH STREET
MIAMI FL 33186
US~~

~~13028 SW 128TH STREET
MIAMI FL 33186
US~~

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

~~13024 SW 128 STREET~~

~~13024 SW 128 STREET~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~Miami, FL~~

~~Miami, FL~~

Zip

Country

Zip

Country

~~33186~~

~~USA~~

~~33186~~

~~USA~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	HENDRIKSE, NELSON J	13200 SW 128TH ST, STE E-1	MIAMI FL Delete
DST	NOTHEIS, WALTER	13200 SW 128TH ST, STE E-1	MIAMI FL Delete
T	PALMER, PAUL	12790 S DIXIE HWY	MIAMI FL Delete
P	KOOLMEYER, ROSA M	13030 SW 128 ST	MIAMI FL 33186 Delete
T/VP	FYFFE, ANGELA	13024 SW 128 ST	MIAMI FL 33186
PS	SHERILL, LORRAINE	13012 SW 128 STREET	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KOOLMEYER, ROSA
13030 SW 128TH STREET
MIAMI FL 33186~~

Name

ANGELA FYFFE

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

13024 SW 128 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 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:

ANGELA FYFFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

3052325758

Daytime Phone #

CR2E040 (7/03)



900024013149
02/25/04--01008--019 **61.25

900024013149

10/23/03 01008--007 **236.25
To Do Business in Florida

11/16/1994

6. FEI Number

65-0430563

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status