

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**INCORPORATION  
REINSTATEMENT**



OFFICE OF THE  
CLERK OF THE  
STATE  
Katherine Barr  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 15 AM 10:01

DOCUMENT # N98000006929

1. Corporation Name  
**LEA MARIE ISLAND PROPERTY OWNERS ASSOCIATION, INC.**

2. Principal Office Address  
**2821 El Jobean Road**

3. Mailing Office Address  
**2821 El Jobean Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Port Charlotte, Florida**

City & State  
**Port Charlotte, Florida**

Zip Country  
**33948 USA**

Zip Country  
**33948 USA**

4. Date Incorporated or Qualified To Do Business in Florida **12/8/1998**

5. FEI Number **Applied For**  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  
**Miko P. Gunderson**

Street Address (P.O. Box Number is Not Acceptable)  
**1861 Placida Road**

Suite, Apt. #, Etc.  
**Suite 204**

City  
**Englewood**

State Zip Code  
**FL 34223**

000003414610-0  
-10/05/00--01052--010  
\*\*\*\*122.50 \*\*\*\*122.50

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 **Miko P. Gunderson**  
REGISTERED AGENT MUST SIGN

Date **July 11, 2000**

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
D	Steven Lombardo	2821 El Jobean Road	Port Charlotte, FL 33948
D	Joni B. Lombardo	2821 El Jobean Road	Port Charlotte, FL 33948
D	Joseph P. Pasak	2821 El Jobean Road	Port Charlotte, FL 33948

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: **Steven Lombardo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**STEVEN LOMBARDO**

July 11, 2000

Date

(941) 624-5720

Daytime Phone #

CR2E081 (9/99)

AD

LEA MARIE PROPERTY OWNERS ASSOCIATION, INC.  
2821 EL JOBEAN ROAD  
PORT CHARLOTTE, FLORIDA 33948  
(941) 624-5720

July 11, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement of Lea Marie Island Property Owners Association, Inc. -  
Corporation No. N98000006929

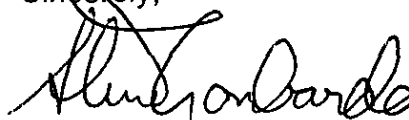
Dear Division of Corporations:

Enclosed is our Application for Reinstatement for Lea Marie Island Property Owners Association, Inc. together with a check in the amount of \$122.50.

We never received the Corporation Annual Returns mailed by your office for renewal of the corporation. It is our understanding that based upon the mail being returned to the Division of Corporations that the \$175.00 reinstatement fee will be waived.

Thank you for your courtesy in this regard. If you have any questions or comments regarding the above, feel free to call me at your convenience.

Sincerely;



Steven Lombardo  
President

Enclosure  
51920107