

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:31

DOCUMENT # 760757

1. Corporation Name

Lakeside News Owners Association, Inc.

2. Principal Office Address

3200 SE 12th St.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL Hillsboro Bch, FL

Zip

33062

Country

USA

3. Mailing Office Address

1051 Hillsboro Mile 608E

Suite, Apt. #, etc.

608E

City & State

Hillsboro Bch, FL

Zip

FL

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

59-2354839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 08-00

7. Name and Address of Current Registered Agent

Name

Kelly Sullivan

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

3200 SE 12th St.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

100003265671-1

-05/24/00--01061--024

****358.75 ****358.75

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

Kelly D. Sullivan

REGISTERED AGENT MUST SIGN

Date 5-4-00

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
President	Kelly Sullivan	3200 SE 12th St.	Pompano Beach, FL 33062
Secretary	Kelly Sullivan	3200 SE 12th St.	Pompano Beach, FL 33062
V.D.	Judy Sullivan	1051 Hillsboro Mile, 608E	Hillsboro Beach, FL 33062
D	Marcela Mae Innes	5811 NE 21st Ave	Ft. Lauderdale, FL 33308
			5/1/00

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:

Kelly D. Sullivan President/D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-4-00 954-942-6914

Daytime Phone #

CR2E081 (9/99)