

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 17 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 179600000071

1. Corporation Name

LAKE GROVE PROPERTY OWNERS' ASSOCIATION, INC.

W01000010934

2. Principal Office Address
P. O. Box 2431

3. Mailing Office Address
P.O. Box 2431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm City, FL

City & State
Palm City, FL

Zip 34991 Country USA

Zip 34991 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/99

5. FEI Number.

65-0461431

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

Deborah L. Ross, Esq.

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

401 East Osceola Street

000004416880-5

-06/13/01--01010--026

Suite, Apt. #, Etc.

****358.75 ****358.75

City

Stuart

State

FL

Zip Code

34994

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Date

4/23/01

REGISTERED AGENT MUST SIGN

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
Pres/D	Rick Stumpf	P. O. Box 2431	Palm City, FL 34991
VP/D	John Markoya	P. O. Box 2431	Palm City, FL 34991
Sec/D			
Treas.	Michelle Katzman	P. O. Box 2431	Palm City, FL 34991

REINSTATEMENT 99-01178

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:

Michelle Katzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

561-288-6245

Daytime Phone #