

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03570 N03570

1. Corporation Name

LAKE POINTE HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

6939 N. Wickham Road
Melbourne, FL 32940

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

6939 N. Wickham Road
Melbourne, FL 32940

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/11/1984

5. FEI Number

59-2625033

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

Francis M. Stewart, CPA

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

6939 N. Wickham Rd.

Suite, Apt. #, Etc.

City

Melbourne

State
FL

Zip Code
32940

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

Date

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.	JOHN PATTERSON	353 CYPRESS PT. DR	MELBOURNE, FL 32940
DIR	CAROLYN DOREN	322 MYRTLEWOOD RD	MELBOURNE, FL 32940
PRES DIR	DEAN FRISCEA	339 MYRTLEWOOD RD	MELBOURNE, FL 32940
DIR	CONNIE MEYERS	321 MYRTLEWOOD RD	MELBOURNE, FL 32940
DIR	PAUL BASHAM	381 CYPRESS PT. DR	MELBOURNE, FL 32940

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:

John Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/2003 321-253-2787
Date Daytime Phone #

CR2E081 (10/02)

FRANCIS M. STEWART C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

P.O. Box 560353
Rockledge, Florida 32956

6939 North Wickham Road
Melbourne, Florida 32940

Phone: (407) 254-5010/259-2931
Telefax: (407) 259-3141

March 21, 2003

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

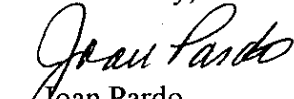
Re: Lake Pointe Homeowners Assoc. Inc.
Document # N03570

In October 2002 you sent a notice of Dissolution or Revocation for Lake Pointe HOA, Inc and I replied that the check for \$61.25 was sent to you. (copy of letter attached) After checking into this matter further, it was discovered that the check was mailed, but unfortunately, it went to the Dept. of Treasury. IRS. The IRS has reimbursed Lake Pointe.

Enclosed is a completed form along with a check in the amount of \$122.50. I am requesting a waiver of the reinstatement fee.

If you need additional information, you may contact me at (321) 259-2931.

Yours truly,


Joan Pardo
Accounts Payable

Encl. (3)