

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 250438

1. Corporation Name
NORTH LAKESIDE CORPORATION
OF LAKE WORTH, INC.

Principal Place of Business Mailing Address
113 NORTH LAKESIDE DRIVE
APT. #3
LAKE WORTH, FL 33460

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
113 NORTH LAKESIDE DR.
Suite, Apt. #, etc.
APT. #3
City & State
LAKE WORTH, FL
Zip 33460 Country U.S.A.

3. New Mailing Office Address, If Applicable
113 NORTH LAKESIDE DR.
Suite, Apt. #, etc.
APT. #3
City & State
LAKE WORTH, FL
Zip 33460 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida
MAY 28, 1962

5. FEI Number Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	BEVERLY B. GILLECE	8746 TWIN BRIDGE ROAD	GRAYLING, MI 49738
A/D	PATRICIA McORMICK SMITH	208 NORTH O STREET	LAKE WORTH, FL 33460
D	CLARA S. BEAUFAIT	W 5484 WILLOW ROAD	MENOMINEE, MI 49858

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
PATRICIA McORMICK SMITH
Street Address (P.O. Box Number is Not Acceptable)
208 NORTH O STREET
Suite, Apt. #, Etc.

City
LAKE WORTH
State
FL
Zip Code
33460

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.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date
2/11/98
900002434559--8
02/18/98 01085-003
223-75
on intangible tax

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☒

12. 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: Beverly B. Gillice BEVERLY B. GILLECE 02/10/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED

98 FEB 16 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)

Apt. 202
113 North Lakeside Drive
Lake Worth, FL 33460
February 10, 1998

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

Dear Sir:

Our corporation consists of 6 shareholders for a Co-operative apartment. Last year, January 1997 when the annual report application would ordinarily be received both officers were in the hospital. The application was not received and I understand that it was returned to you.

As per telephone conversation on 01-21-1998 with L. Sellers I am enclosing a check for \$333.75 to cover our reinstatement fee of \$315.00 plus \$8.75 for a Certificate of Status, along with the Reinstatement Form.

Sincerely,
Beverly B. Gilless, Pres.
North Lakeside Corporation of
Lake Worth, Inc.