

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Kathérine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 APR 14 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 386529

**1. Corporation Name**

Lake Runnymede Mobile Park, Inc.

**2. Principal Office Address**

1333 Hasker Circle

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip

34771

Country

U.S.

**3. Mailing Office Address**

25 Beaver Point Park

Suite, Apt. #, etc.

City & State

Asheville, NC

Zip

28804

Country

U.S.

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

8/6/71

**5. FEI Number**

59-1426792

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

Charles R. Hasker, Jr.

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

1333 Hasker Circle

Suite, Apt. #, Etc.

700004035207-5

-04/20/01--01057--021

\*\*\*\*900.00 \*\*\*\*900.00

City

St. Cloud

State

FL

Zip Code

34771

**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

REGISTERED AGENT MUST SIGN

Date

4/10/01

**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
P/T/V/D	Charles R. Hasker, Jr.	1333 Hasker Circle	St. Cloud, FL 34771
P	Nick Hasker	4750 Oakwood Drive	St. Cloud, FL 34772
S	Brian Smolder	569 Leicester Hwy.	Asheville, NC 28806

**REINSTATEMENT**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

828-258-3920

Daytime Phone #

CR2E081 (9/00)