

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 APR -3 PM 4:43

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

DOCUMENT # 715727

1. Corporation Name

Lakeside Manor Condominium
Unit NO. 1

2. Principal Office Address - No P.O. Box #

4800 N. STATE RD 7

Suite, Apt. #, etc.

Suite # 105

City & State

Lauderdale Lakes, FL

Zip

33319

Country

USA

3. Mailing Office Address

4800 N. STATE RD 7

Suite, Apt. #, etc.

Suite # 105

City & State

Lauderdale Lakes

Zip

33319

Country

USA

000327393690
04/03/19--01002--005 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1968

5. FEI Number

☐ 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

Rachel Friedman

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

3111 N. UNIVERSITY DRIVE, STE. 403

Suite, Apt. #, Etc.

City

Orlando Springs

State

FL

Zip Code

33065

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

Rachel Friedman
REGISTERED AGENT MUST SIGN

Date 3-25-19

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	Esme Brown	4800 N. STATE RD 7 LAUDERDALE LKS FL 33319	LAUDERDALE LKS FL 33319
VP	Ramon Cabal	4800 N. STATE RD 7 Suite # 105	LAUDERDALE LKS FL 33319
T	Lynda Clarke	4800 N. STATE RD 7 Suite # 105	LAUDERDALE LKS 33319
S	Julie McCullough	4800 N. STATE RD 7 Suite # 105	LAUDERDALE LKS 33319

10. E-mail Address: portia@phoenixfla.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Esme Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-2019

Date

Daytime Phone

T MOORE

APR 04 2019