

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 13 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728850**

1. Corporation Name

Lakeside Manor East Association, Inc

100004488491--3
-07/20/01--01111--008
****297.50 ****297.50

2. Principal Office Address

2176 W. Oakland Pk Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

2176 W. Oakland Pk Blvd
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip Country

33311

City & State

Ft. Lauderdale, FL

Zip Country

33311

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1974

5. FEI Number

591921695

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

Pro Property Management, Inc.

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

2176 W. Oakland Park Blvd. 236.25-Adm

Suite, Apt. #, Etc.

61.25-AR

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

1/30/01

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
PD	Sandford Hill	5820 nw 17th PL #308	Sunrise, FL 33313
VPD	Leroy Acid	5820 nw 17th PL #102	Sunrise, FL 33313
TD	Judy DeLalla	5820 nw 17th PL #107	Sunrise, FL 33313

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
Date

954 7333100
Daytime Phone #

CR2E081 (9/99)