

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735589

1. Corporation Name

Lakewood VILLAS II HOMEOWNERS
ASSOCIATION, INC.

FILED
06 JAN 26 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000065567650
02/10/06--01022--010 **787.50

2. Principal Office Address

4165 LAKEWOOD BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

4165 LAKEWOOD BLVD

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES

Zip

34112

Country

Zip

34112

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-16-1976

5. FEI Number

591722199

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

BARBARA J. PINCKNEY

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

4105 LAKEWOOD BLVD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34112

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

Barbara J. Pinckney
REGISTERED AGENT MUST SIGN

Date

Jan 22, 2006

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.	Barbara J. Pinckney	4105 LAKEWOOD BLVD.	NAPLES FL 34112
Treas.	Robert Reilly	4189 LAKEWOOD BLVD.	NAPLES, FL 34112
Dir.	Gilbert Pooler	4109 LAKEWOOD BLVD.	NAPLES, FL 34112
Dir.	Paul Young	4145 LAKEWOOD BLVD.	NAPLES, FL 34112
Dir.	Dan Casey	4183 LAKEWOOD BLVD.	NAPLES, FL 34112

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)(l), 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:

Barbara J. Pinckney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 22, 2006

Daytime Phone #

(239)

530-0623