

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

REINSTATEMENT 02

02 NOV 26 PM 1:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

800008697608
 10/30/02--01048--020 **\$1.25



800008697608
 11/26/02--01032--005 **175.00

DOCUMENT # 742240

1. Corporation Name

LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5101 S.E. MILES GRANT RD
 STUART FL 34997
 US

5101 S.E. MILES GRANT RD
 STUART FL 34997
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/29/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2039316

Applied For
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	SHELDON, LINDA	5680 S.E. MILES GRANT ROAD	STUART FL 34997
D	SHERTZER, MARION	5640 SE MILES GRANT RD	STUART FL 34997
DT	LOSSMAN, RUTH	5727 SE MILES GRANT RD	STUART FL 34997
D	SCHROLL, BERNARD	5620 SE MILES GRANT RD	STUART FL 34997
D	JAROS, FREDERICK	5650 SE MILES GRANT RD	STUART FL 34997

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODGERS, MARILYN D
 5610 S.E. MILES GRANT RD.
 STUART-FL 34997

Name
 JAROS, FREDERICK
 Street Address (P.O. Box Number is Not Acceptable)
 5650 S.E. MILES GRANT RD
 Suite, Apt. #, Etc.

City
 STUART

State Zip Code
 FL 34997

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *Fred Jaros* SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 10-26-02

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., 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: *Fred Jaros* SIGNATURE REQUIRED FREDERICK J. JAROS 10-26-02 772-286-5771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #