

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 20 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744151

1. Corporation Name

LAKE SIDE MUTUAL ASSOCIATION, INC.

Principal Place of Business

500 LORI DR.
PALM SPRINGS FL 33461

Mailing Address

500 LORI DR.
PALM SPRINGS FL 33461

REINSTATEMENT

97 A. Alan 11/20/97

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

09/05/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1849804

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P D	BECAK, ROBERT	500 DAVIS RD #39	PALM SPRGS FL
TD	WOLFE, GOLDFE PREFERRED	701 LORI DR APT 108	PALM SPRGS FL
SD TP	PLEASON, JUNE	750 LORI DR APT 224	PALM SPRGS FL
SD	HAMRAH, MARGIE PREFERRED	300 BONNE BLVD #146	PALM SPRGS FL
3 VD	THALIA BECAK	500 DAVIS RD #39	PALM SPRINGS FL
4 D	ALAN DEB	711 LORI DR #108	PALM SPRINGS FL

8. Name and Address of Current Registered Agent

BECAK, ROBERT
500 DAVIS RD #39
PALM SPRINGS, FL. 33461

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 900002356739--0
City 11/25/97 01054-015
****236 FL ****236.25

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.

Signature of
Registered Agent

Robert Becak

REGISTERED AGENT MUST SIGN

Date

11/7/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

Robert Becak

PRRC

ROBERT BECAK
11/7/97

967-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #