

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/02--01045--004 **236.25



REINSTATEMENT 02

DOCUMENT # 744151

1. Corporation Name

LAKESIDE MUTUAL ASSOCIATION, INC.

Principal Place of Business

500 LORI DR.
PALM SPRINGS FL 33461

Mailing Address

500 LORI DR.
PALM SPRINGS FL 33461

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1978

5. FEI Number

59-1849804

Applied For

☒ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BECAK, ROBERT ANN WEINBERG	500 DAVIS RD #39 715 LORI DRIVE #210	PALM SPRGS FL 33461
TD	PLEASON, JUNE	750 LORI DRIVE, APT. 224	PALM SPRINGS FL 33461
VD	BECAK, THALIA BRENDA WEINSTEIN	500 DAVIS ROAD #39 721 LORI DRIVE #110	PALM SPRINGS FL 33461
D	DEE, ANN	711 LORI DRIVE #108	PALM SPRINGS FL 33461

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

JUNE PLEASON

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

750-752 LORI DRIVE #224

Suite, Apt. #, Etc.

BLOK 11-224

City

Palm Springs

State

FL

Zip Code

33461

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

June Pleason
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-13-02

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:

June Pleason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 964 9268

12-13-02

CR2E040 (8/02)