

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 20 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758783

1. Corporation Name

LAKE SIDE VILLAS OWNERS' ASSOCIATION, INC.

2. Principal Office Address

P. O. Box 135

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 135

Suite, Apt. #, etc.

City & State

Dundee, Fl.

City & State

Dundee, Fl.

Zip

33838

Country

USA

Zip

33838

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/16/1981

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

George A. Dukes

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

902 Hwy 27 (P. O. Box 1243)

Suite, Apt. #, Etc.

City

Dundee, Fl.

State
FL

Zip Code

33838

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-08/13/02--01034--016

****358.75 ****358.75

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**

REGISTERED AGENT MUST SIGN

Date 6/20/02

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 |
|--------|--------------------------------------|---|-----------------------|
| P/D | Whatley, William B. | 1918 Ariana Blvd. | Auburndale, Fl. 33822 |
| V/D | Walton, Kermit | 111 Rebecca Lane | Auburndale, Fl. 33823 |
| T/D | Dukes, George A. | 902 Hwy. 27 | Dundee, Fl. 33838 |
| S/D | DeReus, Marjorie A. | 2050 Ariana Blvd. | Auburndale, Fl. 33823 |
| D | Allen, Richard | 534 Allen Acres Rd. | Auburndale, Fl. 33823 |
| D | Whatley, Patsy | 1918 Ariana Blvd. | Auburndale, Fl. 33823 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02

Date

863 439 1101

Daytime Phone #

CR2E081 (9/01)