

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760757

1. Corporation Name
*Lakeside News Owners
Association, Inc.*

2. Principal Office Address - No P.O. Box #

3188 SE 12th St

Suite, Apt. #, etc.

City & State

Pompano Bch. FL

Zip

33062

Country

USA

3. Mailing Office Address

3188 SE 12th St.

Suite, Apt. #, etc.

City & State

Pompano Bch. FL

Zip

33062

Country

USA

7. Name and Address of Current Registered Agent

Name

Mark Narkier

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

3188 SE 12th Street

Suite, Apt. #, Etc.

City

Pompano Bch

State

FL

Zip Code

33062

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

(Signature)

REGISTERED AGENT MUST SIGN

Date

4/29/2010

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
PD	Mark Narkier	3188 SE 12th St.	Pompano Bch. / FL / 33062
SD	Kelly Sullivan	3200 SE 12th St.	Pompano Bch. / FL / 33062
D	Jennifer Narkier	3188 SE 12th St.	Pompano Bch. / FL / 33062

10. E-mail Address: *marknarkap@yahoo.com*

(To be used for future annual report notification)

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. I further certify 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

(Signature)

Date

Daytime Phone #

FILED

10 APR 30 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

300179438763
04/30/10--01045--014 **665.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1981

5. FEI Number

592354839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

5/30