

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 JUL 17 AM 11:52

DOCUMENT # 760757

1. Corporation Name

Lakeside Mews Owners Association, Inc

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

1491 SW 16th Street

Suite, Apt. #, etc.

3. Mailing Office Address

1491 SW 16th Street

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-2354839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kelly Sullivan

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

1481 SW 16th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

600285915136
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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

Kelly Sullivan

REGISTERED AGENT MUST SIGN

Date

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
President	Kelly Sullivan	1491 SW 16th Street	Boca Raton FL 33486
Director	Kelly Sullivan	1491 SW 16th Street	Boca Raton FL 33486
Manager	Kelly Sullivan	1491 SW 16th Street	Boca Raton FL 33486
REINSTATEMENT			
2015-2016			

10. E-mail Address: kellyba@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kelly Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #