PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 99 98

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

FILED
99 JAN 22 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768227

1. Corporation Name

LAKE SHORE VILLAGE MERCHANTS CONDOMINIUM ASSOCIATION, INC.

700002755457--8
-01/26/99--01089--005
****245.00 ****245.00

Principal Place of Business	Mailing Address
3306 FIRST STREET WEST BRADENTON FL 34208 US	3306 FIRST STREET WEST BRADENTON FL 34208 US

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
Suite, Apt. #, etc. 6572 Palmer Park Cir	Suite, Apt. #, etc 6572 Palmer Park Cir
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34238 Country USA	Zip 34238 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/02/1983

5. FEI Number: 59-2387238 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	JACKSON, ROBERT	39800 CLARK ROAD UNIT A-1	SARASOTA FL
VD	~~FRALEY, GEORGE~~ Jaworski, Paul	~~3150 LAKE PARK LANE~~ 6572 Palmer Park Cir.	SARASOTA FL
STD	~~CLARY, CHRISTINE~~ GIPPS, Jerry	~~3900 CLARK RD., UNTE C2~~ 6572 Palmer Park Cir	SARASOTA FL
	REINSTATEMENT [redacted]		TS 1/22/99
			98-99
			700002755457--8
			-01/26/99--01089--006
			****61.25 ****61.25

8. Name and Address of Current Registered Agent

SEYER, RICK
3306 FIRST STREET WEST
BRADENTON FL 34208

9. Name and Address of New Registered Agent

Name: SNIFFEN, KIRBY
Street Address (P.O. Box Number is Not Acceptable): 6572 Palmer Park Circle
Suite, Apt. #, etc.:
City: Sarasota State: FL Zip Code: 34238

CR2E040 (9/98)

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: Kirby Sniffen REQUIRED (REGISTERED AGENT MUST SIGN) Date: 5 Jan 98

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)(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] REQUIRED Robert Jackson 5JAN98 9419252579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #