

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1996 NOV -5 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F22881

1. Corporation Name

LAKEWEST EQUITY MANAGEMENT CORPORATION

Principal Place of Business

8130 BAYMEADOWS WAY W. #302  
JACKSONVILLE FL 32256

Mailing Address

8130 BAYMEADOWS WAY W. #302  
JACKSONVILLE FL 32256

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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/10/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2089008	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	SULZBACHER, WILLIAM M	8130 BAYMEADOWS WAY WEST, STE. 3	JACKSONVILLE FL
D	RUTTENBERG, ROGER F	8130 BAYMEADOWS WAY WEST, STE. 3	JACKSONVILLE FL

600002002776-3  
-11/13/96-01086-013  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

SULZBACHER, WILLIAM M  
8130 BAYMEADOWS WAY W. #302  
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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

*William M. Sulzbacher*  
REGISTERED AGENT MUST SIGN

Date 10-31-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*William M. Sulzbacher*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-96

904-737-2202

Date

Daytime Phone