


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H27212		
1. Entity Name VILLAGES OF LAKE DOLORES, INC.		

Principal Place of Business 2512 KELLY DR. SEBASTIAN, FL 32958 US	Mailing Address 2515 KELLY DR. SEBASTIAN, FL 32958 US
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2. Principal Place of Business	3. Mailing Address 2512 KELLY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SEBASTIAN FL 32958
Zip	Zip 32958
Country	Country U.S.A.

FILED  
05 AUG -1 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07122005 REIN-P CR2E098 (6/04)

4. FEI Number 59-2473081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCK, SAM 979 BEACHLAND BLVD VERO BEACH, FL 32963	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HYATT, NELSON C 2512 KELLY DR SEBASTIAN, FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nelson C. Hyatt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

OUR ONLY ADDRESS IS  
2512 KELLY DR. SEBASTIAN, FL 32958  
MAILING ADDRESS YOU HAD IS WRONG.  
DID NOT FORWARD OR RECEIVE.

Sincerely,  
Nelson C. Hyatt