
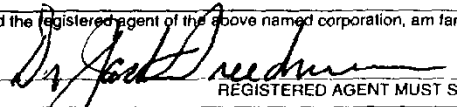
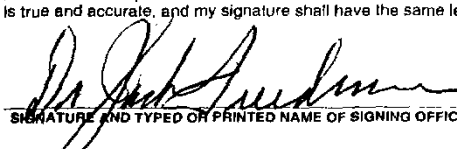


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L37845</b>			
1. Corporation Name <b>Leawood Lakes Development Corporation</b>			
Principal Place of Business <b>5600 Radio Road Naples, Florida 34104</b>		Mailing Address <b>same</b>	
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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida <b>12/21/1989</b>	
		5. FEI Number <b>65-0185763</b>	
		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>SB.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
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
PD	Freedman, Jack (Dr.)	175 Gulf Shore Blvd., North	Naples, Florida 34102
VPD	Sargent, Lee	5600 Radio Road	Naples, Florida 34104
SD	Freedman, Ronald	175 Gulf Shore Blvd., North	Naples, Florida 34102
DT	Freedman, Mary	175 Gulf Shore Blvd., North	Naples, Florida 34102
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>Dr. Jack Freedman 175 Gulf Shore Blvd., North Naples, Florida 34102</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		<b>800002875328-5</b> <b>05/14/99-01011-022</b> <b>***1208.75</b> <b>FL</b>	
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 		Date <b>4-24-1999</b>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: 		Date <b>4-24-1999</b> Daytime Phone # <b>941-443-8523</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

99 MAY -4 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2001 (12/98)