

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N01000006397**

03 OCT 21 PM 4:18

1. Corporation Name

LAKEHURST PLAZA CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7705 WEXFORD WAY
PORT LUCIE FL 34986**

Mailing Address

**7705 WEXFORD WAY
PORT LUCIE FL 34986**

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

2. New Principal Office Address, If Applicable
1052 SW Biltmore ST.

Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

Zip **34983** Country **St. Lucie**

3. New Mailing Office Address, If Applicable
1052 SW Biltmore ST

Suite, Apt. #, etc.

City & State
Port St. Lucie, FL

Zip **34983** Country **St. Lucie**

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2001

5. FEI Number

90-0002914

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 3 | City / State / Zip 4 |
|---------------|---|--|---|
| P | William Baranski | 926 SW Bayshore Dr, | PSL, FL 34983 |
| V | William Suback | 1064 SW Biltmore ST. | PSL, FL 34983 |
| T | Kim Michels | 1052 SW Biltmore ST. | PSL, FL 34983 |
| | | | |
| | | | 000023335240 09/25/03--01025--009 **236.25 |
| | | | 000023335240 10/21/03--01028--001 **61.25 |

8. Name and Address of Current Registered Agent

**NAVARETTA, STEPHEN ESQ
1100 SW ST. LUCIE WEST BLVD., STE. 203
PORT ST. LUCIE FL 34986**

9. Name and Address of New Registered Agent

Name **Kim Michels**
Street Address (P.O. Box Number is Not Acceptable)
1052 SW Biltmore ST.
Suite, Apt. #, Etc.

City **Port St. Lucie** State **FL** Zip Code **34983**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **09-22-03**

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., 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-06-03 772-785-6303

Date

Daytime Phone #

CR2E040 (8/02)