

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01475

1. Corporation Name

LAKE PADGETT SKI CLUB, INC.

Principal Place of Business

P.O. BOX 1866  
LAND O'LAKES FL 34639

Mailing Address

P.O. BOX 1866  
LAND O'LAKES FL 34639

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

REINSTATEMENT C9

4. Date Incorporated or Qualified To Do Business in Florida

02/16/1984

SP

5. FEI Number

NOT APPLICABLE

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	<del>OLSON, ANDREW</del> Victoria Anderson	<del>3218 LAKE SAXON DR</del> 3821 Lake Padgett Dr	LAND O LAKES FL 34639
VD	<del>GIBK, CHARLES</del> Andrew, Olson	<del>3720 SWANS LANDING</del> 3218 Lake Saxon Dr	LAND O LAKES FL 34639
TD	<del>CAMPBELL, MALCOLM</del> Lathy Cox	<del>4108 LOURY DR</del> 3707 Lake Joyce	ZEPHYRHILLS FL 33543 Land O' Lakes, FL 34639
S	<del>DELGATTO, NANCY</del> Donna Cheek	<del>3208 TARA GROVE DR</del> 3549 Eastlake Dr	TAMPA FL 33618 Land O' Lakes, FL 34639
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8. Name and Address of Current Registered Agent

OLSON, ANDREW D  
3218 LAKE SAXON DR  
LAND O'LAKES FL 34639

9. Name and Address of New Registered Agent

Name  
Victoria Anderson  
Street Address (P.O. Box Number is Not Acceptable)  
3821 Lake Padgett Dr  
Suite, Apt. #, Etc.  
City  
Land O' Lakes  
State  
FL  
Zip Code  
34639

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

*Victoria Anderson*

REGISTERED AGENT MUST SIGN

Date 10-15-99

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:

*Victoria Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99 813-996-3080  
Date Daytime Phone #