2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006697

Entity Name: LAKEVIEW ELEMENTARY PTO INC.

FILED Oct 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 5TH STREET ST. CLOUD, FL 34769

Current Mailing Address: New Mailing Address:

2900 5TH STREET ST. CLOUD, FL 34769

FEI Number: 01-0747585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAILEY, PATH

BALDWIN, ROBERTA

2900 5TH ST. 2900 5TH ST.

SAINT CLOUD, FL 34769 US SAINT CLOUD, FL 34769 US

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.

SIGNATURE: ROBERTA BALDWIN 10/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DIRE (X) Change () Addition

 Name:
 BAILEY, PATTI
 Name:
 AMOS, LISA E

 Address:
 2900 5TH ST
 Address:
 2900 5TH ST

City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete Title: TREA (X) Change () Addition

 Name:
 GORAL, TIM
 Name:
 BALDWIN, ROBERTA A

 Address:
 407 GEORGIA AVE
 Address:
 2900 5TH STREET

 City-St-Zip:
 SAINT CLOUD, FL 34769
 City-St-Zip:
 SAINT CLOUD, FL 34769

Title: D (X) Delete Title: () Change () Addition

 Name:
 RITA, LOEDING
 Name:

 Address:
 2900 5TH ST
 Address:

 City-St-Zip:
 ST. CLOUD, FL
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PETE, CORVIN
 Name:

 Address:
 2900 5TH STREET
 Address:

 City-St-Zip:
 ST. CLOUD, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA A. BALDWIN TREA 10/06/2005

Electronic Signature of Signing Officer or Director

Date