

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN 15 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

N04934

1. Corporation Name

LAKE SUZIE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7270 MIAMI LAKEWAY S 7270 MIAMI LAKEWAY S
MIAMI LAKES, FL 33014 MIAMI LAKES, FL
33014

900003330109--5

-07/20/00--01077--026

***1155.00 ***1155.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/1984

KE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2447304

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	DONNA SHEPHERD	7270 MIAMI LAKEWAY S	MIAMI LAKES, FL 33014
D S	ALRIANA M. ATWILL	7280 MIAMI LAKEWAY S	MIAMI LAKES, FL 33014
D	BETTY RODRIGUEZ	7290 MIAMI LAKEWAY S	MIAMI LAKES, FL 33014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONNA SHEPHERD
7270 MIAMI LAKEWAY S
MIAMI LAKES, FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Donna M. Shepherd
REGISTERED AGENT MUST SIGN

Date 6.12.00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(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:

Donna M. Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6.12.00 305-824-0014

CR2E081 (12/98)