

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 FEB - 6 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000000117**

1. Corporation Name

**LAKEWOOD VILLAGE SECTION III RESIDENTS' ASSOC, INC**

2. Principal Office Address - No P.O. Box #

**DIANA MOORE, BCH  
MANAGEMENT Group, Inc**

Suite, Apt. #, etc.

**1840 Boy Scout Dr, STE B**

City & State

**Fort MYERS, FL**

Zip

**33907**

Country

**LEE**

3. Mailing Office Address

**DIANA MOORE, BCH  
MANAGEMENT Group, Inc**

Suite, Apt. #, etc.

**1840 Boy Scout Dr, STE B**

City & State

**Fort MYERS, FL**

Zip

**33907**

Country

**LEE**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/04/05**

5. FEI Number

**201578756**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

**DIANA MOORE, BCH MANAGEMENT Group, INC**

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

**1840 Boy Scout Drive**

Suite, Apt. #, Etc.

**B**

City

**Fort MYERS**

State

**FL**

Zip Code

**33907**

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Diana Moore**

REGISTERED AGENT MUST SIGN

Date **10/25/2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JESSE REEVES	8440 Village Edge Cir, #1	Fort Myers, FL 33919
VPD	RANDALL DLESK	355 Hall Street	Bridgeport, OH 43912
STD	Thomas Hamilton	65 Whittemore Court	PAINESVILLE, OH 44077
			900112010859 02/20/08--01005--018 **70.00
			900112010859 11/05/07--01050--019 **297.50

10. 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 contained in Chapter 119, 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:

**Diana Moore, Agent DIANA MOORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/01/07**

Date

**239-274-6801**

Daytime Phone #