

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000000941

1. Corporation Name

LAKE VIEW II CONDOMINIUM AT HERITAGE LAKE PARK ASSOCIATON, INC

2. Principal Office Address

23081 HARBORVIEW ROAD

Suite, Apt. #, etc.

C/O GATEWAY MANAGEMENT

City & State

PORT CHARLOTTE FL

Zip
33980

Country
USA

3. Mailing Office Address

PO BOX 380758

Suite, Apt. #, etc.

C/O GATEWAY MANAGEMENT

City & State

MURDOCK FL

Zip
33938

Country
USA

[Handwritten Signature]

REINSTATEMENT 2006
CR2 E021 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/28/2005

5. FEI Number

20-2766389

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

Name

KRISTINE WISHARD

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

23081 HARBORVIEW ROAD

Suite, Apt. #, Etc.

C/O GATEWAY MANAGEMENT

City

PORT CHARLOTTE

State
FL

Zip Code
33980

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

Kristine Wishard

REGISTERED AGENT MUST SIGN

Date 10/27/2006

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
P	EDWARD DIANA	2060 WILLOW HAMMOCK CR, D-301	PUNTA GORDA FL 33983
VP	ELLEN BELLIVEAU	2060 WILLOW HAMMOCK CR, D-106	PUNTA GORDA FL 33983
S/T	PAULINE RACICOT	2061 WILLOW HAMMOCK CR, C-102	PUNTA GORDA FL 33983

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/06

Date

941-629-8190

Daytime Phone #