

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
12 FEB -6 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003147

1. Corporation Name

LAKESIDE PRESERVE HOMEOWNERS' ASSOCIATION, INC.

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

9031 Town Center Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

9031 Town Center Parkway

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34202

Country

USA

Zip

34202

Country

USA

900220540289
02/06/12--01012--001 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2005

5. FEI Number

204336580

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

Advanced Management, Inc.

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

9031 Town Center Parkway

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

S. HAWKES

FEB - 2012

EXAMINER

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

[Signature]

REGISTERED AGENT MUST SIGN

REINSTATEMENT

Date 2011-12

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
PRESIDENT	Dennis Rydzynski	9031 Town Center Parkway	Bradenton, FL 34202
Vice President	Allen Klocke	9031 Town Center Parkway	Bradenton, FL 34202
Secretary	Charlene Brush	9031 Town Center Parkway	Bradenton, FL 34202
Treasurer	Gerald Cox	9031 Town Center Parkway	Bradenton, FL 34202
Asst Secy	Douglas E. Wilson	9031 Town Center Pkwy	Bradenton, FL 34202

10. E-mail Address: cherylkaehn@aim.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #