

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000002660

1. Corporation Name

Lakeside Place Condominiums Inc.

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

201 S. Lakeside Dr.

Suite, Apt. #, etc.

Suite/2

City & State

Lake Worth FL

Zip

33460

Country

US

3. Mailing Office Address

201 S. Lakeside Dr.

Suite, Apt. #, etc.

Suite/2

City & State

Lake Worth FL

Zip

33460

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
3/8/2006

5. FEI Number

205814691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Merwyn Fernandes

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

201 S. Lakeside Drive

Suite, Apt. #, Etc.

Suite

City

Lake Worth

State

FL

Zip Code

33460

700258397577
03/28/14--01032--017 **245.00

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

[Handwritten Signature]

Date **March 19, 2014**

REGISTERED AGENT MUST SIGN

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
PTD	MERWYN FERNANDES	201 S. LAKESIDE DR. #11	LAKE WORTH, FL 33460
VPD	OLGA KONOVALOVA	201 S. LAKESIDE DR. #11	LAKE WORTH, FL 33460
SD	PETER SELIVANOFF	201 S. LAKESIDE DR. #11	LAKE WORTH, FL 33460
D	MARLON LEE	201 S. LAKESIDE DR. #11	LAKE WORTH, FL 33460
			MAR 28 2014
			M. WILLIAMS

10. E-mail Address: **MERWYN.FERNANDES@GMAIL.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:

[Handwritten Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 19, 2014 581-713-3133

Date

Daytime Phone #