

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 10 AM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07660

1. Corporation Name

Lakes Village Homeowners Association, Inc.

2. Principal Office Address

145 Oakwood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

145 Oakwood Drive

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

US

Zip

34110

Country

US

600028733416
02/13/04--01037--005 **1163.75
AC 3/15/04

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/15/1985

5. FEI Number

☒ 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

Katherine Ann Schweikhardt

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

900 Sixth Avenue South, Suite 203

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code
34102

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**

K. Schweikhardt

Date 2/10/04

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 |
|--------|--------------------------------------|---|--------------------|
| P | Waldemar Bokrand | 145 Oakwood Drive | Naples, FL 34110 |
| S T | Henriette Bokrand | 145 Oakwood Drive | Naples, FL 34110 |
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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 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:

Henriette Bokrand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

239-262-2227

Daytime Phone #

CR2ED81 (10/02)