

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N15303

1. Corporation Name

TIFFANY OAKS LAKESIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9721 TIFFANY OAKS LANE
TAMPA FL 33612
US

9731 TIFFANY OAKS LANE
TAMPA FL 33612
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9725 TIFFANY OAKS LANE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FL

City & State

City & State

Zip
33612-7570

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/09/1986

5. FEI Number

59-3059319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
VD	LEWANICK, KAREN RENEZ, ROBERT	9721 9721 TIFFANY OAKS LANE	800002701778-1 -12/03/98 ****245.00 ****245.00 TAMPA FL 33612-7570
TD	TOMPkins, SHELLEY PODRAZA, MARY O.	9725 9731 TIFFANY OAKS LANE	TAMPA FL 33612-7570
PD	ERICKSON, ROBERT PODRAZA, JAMES B.	9725 9721 TIFFANY OAKS LANE	TAMPA FL 33612-7570

REINSTATEMENT

98 TB 11/25/98

8. Name and Address of Current Registered Agent

LEWANICK, KAREN
9721 TIFFANY OAKS LANE
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name
JAMES B. PODRAZA
Street Address (P.O. Box Number is Not Acceptable)
9725 TIFFANY OAKS LANE
Suite, Apt. #, Etc.
City
TAMPA
State
FL
Zip Code
33612-7570

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

James B. Podraza
REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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:

James B. Podraza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
Date

(813) 930-8121
Daytime Phone #

CR22040 (0/86)