

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 96-98

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # N17936

1. Corporation Name
LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.

Principal Place of Business 2120 N.W. 28th St. Oakland Park FL 33311 US	Mailing Address 2120 N.W. 28th St. Oakland Park, FL 33311 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	11/24/1986
5. FEI Number	NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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. City / State / Zip
PD.	Woodrow Wilson	2120 N.W. 28th St.	Oakland Park, FL 33311
S	Willie F. Morton	2311 NW 28th St.	Oakland Park, FL 33311
TD	Leroy Davis	2930 NW 24th Ave.	Oakland Park FL 33311
D	John Giles	1871 NW 27th St.	Oakland Park, FL 33311
D	Emma Black	2991 NW 24th Ave.	Oakland Park EL 33311
D	Charles Moore	2929 NW 24th Ave.	Oakland Park FL 33311

8. Name and Address of Current Registered Agent

Woodrow Wilson
2120 NW 28th St.
Oakland Park, FL 33311

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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 Woodrow Wilson REGISTERED AGENT MUST SIGN Date 12-29-98

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)(f), 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: Woodrow Wilson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/29/98 Daytime Phone # 954-733-1678

CR2E040 (1/98)