

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # *N18467*

1 Corporation Name

Lake Pookiehatchee Association, Inc.

Principal Place of Business

3434 Cleveland Avenue  
Fort Myers, FL 33901

Mailing Address

3434 Cleveland Avenue  
Fort Myers, FL 33901

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

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4 Date Incorporated or Qualified  
To Do Business in Florida

12/29/86

5 FEI Number

65-0208827

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 City / State / Zip
D	Lawrence P. Povia	3434 Cleveland Avenue	Fort Myers, FL 33901
D	Stephen J. Sloan	3434 Cleveland Avenue	Fort Myers, FL 33901
D	Dean Ballentine	3434 Cleveland Avenue	Fort Myers, FL 33901

8 Name and Address of Current Registered Agent

Lawrence P. Povia  
3434 Cleveland Avenue  
Fort Myers, Florida 33901

9 Name and Address of New Registered Agent

Name

Lawrence P. Povia

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

3434 Cleveland Avenue

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33901

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

REGISTERED AGENT MUST SIGN

Date 7/30/99

11 This corporation owes 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)(a), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lawrence P. Povia, Director

7/30/99  
Date

941-936-2161  
Daytime Phone #

50 AUG-2 11:11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002850601--0  
-08/04/99--01075--006  
\*\*\*\*735.00 \*\*\*\*735.00

REINSTATEMENT *91-99*