
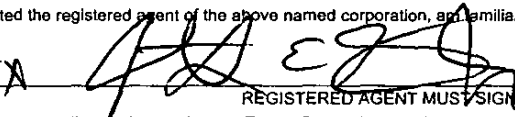
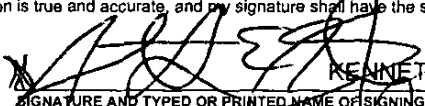


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p><b>CORPORATION REINSTATEMENT</b></p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p><b>FILED</b></p> <p>05 JUL -1 AM 10:51</p> <p>RECEIVED TALLAHASSEE, FLORIDA</p>	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">N94000000520</span>			
<b>1. Corporation Name</b> LAKESIDE PROPERTY OWNERS ASSOCIATION, INC.			
<b>2. Principal Office Address</b> 930 HIGHWAY 80 WEST		<b>3. Mailing Office Address</b> P.O. BOX 1379	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LABELLE, FL		City & State LABELLE, FL	
Zip 33935	Country USA	Zip 33975	Country USA
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/25/1994	
		<b>5. FEI Number</b> 650577191	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name KENNETH E. KINNEY, JR.			
Street Address (P.O. Box Number is Not Acceptable) 930 HIGHWAY 80 WEST			
Suite, Apt. #, Etc.			
City LABELLE		State FL	Zip Code 33935
<b>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.</b>			
Signature of Registered Agent 		Date JUNE 21, 2005	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KENNETH E. KINNEY, JR.	930 HWY 80 WEST	LABELLE, FL 33935
VD	EARL . JOHNS	930 HWY 80 WEST	LABELLE, FL 33935
STD	ELEANOR FARRELL	930 HWY 80 WEST	LABELLE, FL 33935
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>KENNETH E. KINNEY, JR.</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date JUNE 21, 2005	Daytime Phone # 863-675-1580

CR2E081 (01/05)