

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001443

1. Corporation Name

Iola Lakeside Village Association, Inc.

2. Principal Office Address

34851 S.R. 54 West

Suite, Apt. #, etc.

#101

City & State

Zephyrhills, FL

Zip

33541

Country

USA

3. Mailing Office Address

34851 S.R. 54 West

Suite, Apt. #, etc.

#101

City & State

Zephyrhills, FL

Zip

33541

Country

USA

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1995

5. FEI Number

59-3136780

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

Hill, Carl D.

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

34851 S.R. 54 West

Suite, Apt. #, Etc.

#101

City

Zephyrhills

State

FL

Zip Code

33541

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

5/23/06

Date

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
PD	Hill, Carl D	34851 S.R. 54W Ste#101	Zephyrhills, FL 33541
STD	Hill, Kimberly A	34851 S.R. 54W Ste#101	Zephyrhills, FL 33541
VD	Corradini, Frank	PO Box 1273	San Antonio, FL 33576
TD	Otey, Patricia A	PO Box 661	San Antonio, FL 33576

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 contained in Chapter 119, 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

5/23/06

Date

813-782-7705

Daytime Phone #