PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98 REINSTATEMENT

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

FILED
99 MAR -5 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000004877**

1. Corporation Name

EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~73 B CHIVAS LN~~ 368 LAKEVIEW DR SEAGROVE BEACH FL 32459 US	P O BOX 2389 SANTA ROSA BEACH FL 32459

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

REINSTATEMENT 98 CC 368 35.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 368 LAKEVIEW DR	Suite, Apt. #, etc.
City & State: SEAGROVE BEACH	City & State
Zip: 32459 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/19/1996

5. FEI Number: 59-3433952 ~~APPLIED FOR~~ ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	~~STAFFORD, LYN~~ ROBERT L. LANGE D	~~73 B CHIVAS LN~~ 368 LAKEVIEW DR D	SEAGROVE BCH FL 32459
SD	~~SELLERS, NANCY~~ BEVERLY J. KRASKA D	~~407 LAKEVIEW DR~~ 118 LAKEPOINT DR D	SEAGROVE BEACH FL 32459
~~T~~	~~RUTLAND, JUDI~~ BEVERLY J. KRASKA	~~439 LAKEVIEW DR~~ 118 LAKE POINT DR	SEAGROVE BEACH FL 32459
SVP	~~MATICH, JOHN~~	~~136 LAKE POINTE DR~~	SEAGROVE BEACH FL 32459
~~PVP~~ T-D	~~ECHSNER, JOYCE~~ ECHSNER, JOYCE D	~~142 BEACHSIDE 22~~ 142 BEACHSIDE 22 D	SEAGROVE BEACH FL 32459

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03/11/99-01072-007
****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~STAFFORD, LYN~~ ROBERT L. LANGE ~~73 B CHIVAS LANE~~ 368 LAKEVIEW DRIVE SANTA ROSA BCH FL 32459	Name: ROBERT L. LANGE Street Address (P.O. Box Number is Not Acceptable): 368 LAKEVIEW DR Suite, Apt. #, Etc. City: SEAGROVE BEACH, SEAGROVE BEACH State: FL Zip Code: 32459

CR2E040 (9/98)

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: Robert L Lange REGISTERED AGENT MUST SIGN Lyn Stafford cc Date: 2/29/99

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: ROBERT L LANGE Robert L Lange 2/29/99 (850) 231-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #