

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 97000 000 694**

1. Corporation Name

LAKE SIDE TOWNHOMES HOMEOWNERS Association

2. Principal Office Address

1550 Via De Luna Dr.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

Zip

32561

Country

USA

3. Mailing Office Address

1550 Via De Luna Dr.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

Zip

32561

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/05/1997

5. FEI Number

59-3489735

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

DAVID L. ELLIOTT

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

1550 G Via De Luna Drive

Suite, Apt. #: Etc.

000040222400

08/16/04--01071--024 **358.15

City

Pensacola Beach, FL

State

FL

Zip Code

32561

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

David L. Elliott

Date

8/2/04

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	DAVID L. ELLIOTT	1550 G Via De Luna Dr.	Pensacola Beach, FL 32561
VD	JANEY HAET	1550 H Via De Luna Dr	Pensacola Beach, FL 32561
TSD	TERI DEUTSCH	1550 A Via De Luna Dr	Pensacola Beach, FL 32561

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.

SIGNATURE:

David L. Elliott

DAVID L. ELLIOTT

8/2/04

850-232-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)