FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -1 AM 8:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETI

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04000035424

DOCUMENT # N98000000978

1. Corporation Name
LAGOON VILLAS TOWNHOME ASSO. INC

REINSTATEMENT 00-04

800041256498
09/22/04--01032--001 **481.25

MRD

2. Principal Office Address	3. Mailing Office Address
5821 N. LAGOON DR	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PCB, FL	City & State
Zip: 32408 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/18/98

5. FEI Number: 20-1575636 ☐ 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: JEFF BAKER

Street Address (P.O. Box Number is Not Acceptable): 5821 N. LAGOON DR.

Suite, Apt. #, Etc.

City: PCB, FL | State: FL | Zip Code: 32408

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: Jeff Baker Jeff Baker — REGISTERED AGENT MUST SIGN — Date: 9/2/4

CR2E081 (01/04)

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
DP	JEFF BAKER	5821 N. LAGOON DR	PCB, FL 32408
VP	JOHN GAM BOL	↓	↓
SEC	JENNIFER VONMACK	↓	↓

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: Jeff Baker Jeff Baker — 9/2/4 — 850 258 4089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #