

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 19 AM 11:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002470

1. Corporation Name

LAKEVIEW OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

950 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 101

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

P.O. Box 49528

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34230

Country

USA

REINSTATEMENT

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

5. FEI Number
65-0831978

☐ 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

J. Christopher Malkin

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

950 S. Tamiami Trail

Suite, Apt. #, Etc.

Suite 101

City

Sarasota

State

FL

Zip Code

34236

200186861112
10/19/10--01006--015 **245.00

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

Date 10/08/10

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
P/D	J. Christopher Malkin	950 S. Tamiami Trail, Suite 101	Sarasota, FL 34236
V/D	Leslie K. Malkin	5252 South Tamiami Trail	Sarasota, FL 34231
S/D	Phyllis K. Kessler	5252 South Tamiami Trail	Sarasota, FL 34231

10. E-mail Address: chris.malkin@svn.com

(To be used for future annual report notification)

11. 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. I further certify, 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

10/08/10

Date

941-366-1136

Daytime Phone #