

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800024854258  
11/19/03--01040--009 \*\*750.00

DOCUMENT # **PD2000034778**

1. Corporation Name

LAKE HOLDEN DEVELOPMENT, INC.

2. Principal Office Address

250 Park Ave., South

Suite, Apt. #, etc.

#635

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

250 Park Ave., South

Suite, Apt. #, etc.

#635

City & State

Winter Park, FL

Zip

32789

Country

USA

REINSTATEMENT **03**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/2002

5. FEI Number

01-0638655

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

Jeffrey L. Kaplan

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

655 W. Morse Blvd.

Suite, Apt. #, Etc.

#212

City

Winter Park

State  
**FL**

Zip Code  
**32789**

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

REGISTERED AGENT MUST SIGN

Date **11/18/2003**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| DP     | James R. Shields III                 | 250 Park Ave., South, #635                        | Winter Park, FL 32789 |
| DVP    | Michael Garfield                     | 250 Park Ave., South, #635                        | Winter Park, FL 32789 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Garfield, VP

11/18/2003 407-599-5300

Date

Daytime Phone #

CR2E081 (10/02)