(((H04000133926 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN 25 PM 4:23

DOCUMENT # P02000116261

1. Corporation Name

LMC Lake Bernadette Development, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
33 East Wall Street	33 East Wall Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Frostproof, Florida	City & State: Frostproof, Florida
Zip: 33843 Country: US	Zip: 33843 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/02

5. FEI Number: 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: R. James Robbins, Jr.

Street Address (P.O. Box Number Is Not Acceptable): 101 East Kennedy Boulevard

Suite, Apt. #, Etc.: Suite 3700

City: Tampa State: FL Zip Code: 33602

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 5/3/04

REGISTERED AGENT MUST SIGN

CR2E009 (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
PD	P.T. Wilson	33 East Wall Street	Frostproof, Florida 33843
VPSD	F. Hood Craddock	33 East Wall Street	Frostproof, Florida 33843
D	Clay G. Wilson	33 East Wall Street	Frostproof, Florida 33843

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: _____ 6-25-04 863-635-4804

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

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Florida Department of State

Division of Corporations
Public Access System

3508-6

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : HILL, WARD & HENDERSON, P.A. II
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)221-2900

CORPORATION REINSTATEMENT

LMC LAKE BERNADETTE DEVELOPMENT, INC.

Certificate of Status	0
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