

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 15 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P-94000007085

1. Corporation Name

LAKE PEMBROKE DEVELOPMENT, INC.

2. Principal Office Address

226 ST. JAMES PARK

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSPREY, FL

City & State

Zip

34229

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 28, 1994

5. FEI Number

59-3322370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

07-04

7. Name and Address of Current Registered Agent

Name

WILLIAM A. ROGERS

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

226 ST. JAMES PARK

Suite, Apt. #, Etc.

City

OSPREY, FL

State

FL

Zip Code

34229

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

[Signature]

Date

1/9/2004

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
<u>Pres</u> <u>1st Sec</u>	<u>WILLIAM A. ROGERS</u>	<u>226 ST. JAMES PARK</u>	<u>OSPREY, FL 34229</u>

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:

WILLIAM A. ROGERS *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 941 966 6330

Date

Daytime Phone #

CR2E081 (10/02)