

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P940000013711

1. Corporation Name

Nassau Lakes, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

408 W. Eighth St

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL  
32206 Duval

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11.06.94

5. FEI Number

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Daniel R. Lewis	408 West Eighth St	JACKSONVILLE, FL 32206
Treas.			
V. Pres.	Richard S. Simmons	408 West Eighth St.	JACKSONVILLE, FL 32206
Sec.			

0000012770138  
-02/08/98 01030-02  
\*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

Daniel Lewis  
408 West Eighth St.  
JACKSONVILLE, FL 32206

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*D. Lewis*

REGISTERED AGENT MUST SIGN

Date 1-20-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax)

12. 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

*D. Lewis*

1-20-99

Date

9043538221

Daytime Phone #

CP2E0811298

REINSTATEMENT

05-99  
1/20/99

FILED

JAN 20 PM 3:32

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA