

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044373

1. Corporation Name

LAKE IDA ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1901 S. Congress Ave.
Suite 116
Boynton Beach, FL 33426

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

2. New Principal Office Address, If Applicable

100 Lincoln Road

Suite, Apt. #, etc.

822

City & State

Miami, FL

Zip

33139

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/94

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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
DPST	SIMON D. KARIC	885 Don Mills Rd Suite 202	Don Mills, Ontario

9000002551299--6
-09/23/98--01071--025
***1208.75 ***1200.00

8. Name and Address of Current Registered Agent

LYNDA J. HARRIS
222 Lakeview Ave.
Suite 1400
West Palm Beach, FL 33401

9. Name and Address of New Registered Agent

Name
AMERICAN INFORMATION SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
One S.E. 3rd Avenue
Suite, Apt. #, Etc.
28th Floor
City
Miami
State
FL
Zip Code
33131

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

Simon D. Karic

REGISTERED AGENT MUST SIGN

Date

9/21/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Simon D. Karic

SIMON D. KARIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date

9/21/98

(416) 445 9252

Daytime Phone #

CP25040 (12/96)