

PLEASE READ ALL INSTRUCTIONS

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT
Sandra B. Mor
Secretary of S
DIVISION OF CORPORATIONS

DOCUMENT #

0940000-12524

1. Corporation Name LAKE AWESOME DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address

899 Knights Trail
Nokomis, FL 34275

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or
To Do Business in Florida

10/3/94

5. FEI Number

65-0523265

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP	DURHAM, DOUGLASS	899 Knights Trail	Nokomis, FL 34275
P	BORING, STEELE D.	8037 Midnight Pass Road	Sarasota, FL 34236
ST	PINSKI, J.D.	Suite 3400 55 East Washington St.	Chicago, ILL 60602

REINSTATEMENT

8. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M.
2033 Main Street, Suite 400
Sarasota, FL 34237

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/19/97

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/97
Date

Daytime Phone #

CR2E040 (12/96)

LETING THIS FORM
APPROVED
AND
FILED

1998 JAN 12 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002402209--8

-01/15/98--01103--022

*****585.00 *****585.00

900002402209--8

-01/15/98--01103--023

*****35.00 *****35.00