

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



99 JUN 14 PM 4:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088657**

1. Corporation Name
SEBRING LAKESIDE GOLF RESORT, INC.

Principal Place of Business Mailing Address
803 LAKE SEBRING DRIVE **603 LAKE SEBRING DRIVE**
SEBRING FL 33870 **SEBRING FL 33870**



REINSTATEMENT 98-99

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 Qualified To Do Business in Florida	11/17/1995
5. FEI Number	65-0650761
Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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
VSTD	BAKER, MARK L	1550 S.W. 67TH COURT	MIAMI FL
PD	BAKER, MARIA C	1550 S.W. 67TH COURT	MIAMI FL

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 ****915.00 ****915.00

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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

BAKER, MARK L 803 LAKE SEBRING DRIVE SEBRING FL 33870	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	
	State	Zip Code
	FL	

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: Mark T. Baker Date: 6/11/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Mark T. Baker Date: 6/11/99 Office Phone #: 941/385-7113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED00 (9/98)