

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **195000088657**

1. Corporation Name

SEBRING LAKESIDE GOLF RESORT, INC.

2. Principal Office Address

603 Lake Sebring Dr.

3. Mailing Office Address

603 Lake Sebring Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip
33870

Country
Highlands

Zip
33870

Country
Highlands

200009354762

12/04/02--01065--030 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

11/95

5. FEI Number

65-0650761

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK L. BAKER

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

603 Lake Sebring Drive

Suite, Apt #, Etc.

City

SEBRING Florida

State
FL

Zip Code
33870

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

Mark L. Baker

Date

11/15/2002

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
VSTD	MARK L. BAKER	603 Lake Sebring Dr	SEBRING FL 33870
PD	MARIA C BAKER	603 Lake Sebring Dr.	SEBRING FL 33870

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:

Mark L. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2002

Date

8633857113

Daytime Phone #

CR2E081 (9/01)



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November 15, 2002

Florida Department of State
Division of Corporations

Re: Sebring Lakeside Golf Resort, Inc.
FEIN 65-0650761

Dear Sirs

We are transmitting herewith an Application for Reinstatement for this Corporation. It is our belief that the original notices for this Annual Report were not received. Because this Corporation was revoked once several years ago, we do look for this notice and respond promptly. We request your consideration in waiving the penalty involved in this reinstatement.

Thank you for your consideration.

Regards.

Mark Baker

Sebring Lakeside Golf Resort

Hosts - Mark & Maria Baker
500 Lake Sebring Drive - Sebring, Florida 33870
(863) 385-7113
Reservations 1-888-2Sebring (toll free)
E-mail: inn@2Sebring.com; Internet: www.2Sebring.com