

1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000088657**

1. Corporation Name  
**SEBRING LAKESIDE GOLF RESORT, INC**

**200024216082**  
10/28/03--01073--024 \*\*\*150.00

2. Principal Office Address  
**500 LAKE SEBRING DR.**

3. Mailing Office Address  
**500 LAKE SEBRING DR.**

**REINSTATEMENT 2003**

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

4. Date Incorporated or Qualified To Do Business in Florida  
**11/95**

City & State  
**SEBRING, FL**

City & State  
**SEBRING FL**

5. FEI Number  
**65-0650761**

Zip  
**33870**

Zip  
**33870**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 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)  
**500 LAKE SEBRING DRIVE**  
Suite, Apt. #, Etc.  
City  
**SEBRING** 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 P Baker** Date **10/1/03**  
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VST.D	MARK L. BAKER	500 LAKE SEBRING DR	SEBRING, FL 33870
PD	MARIA C. BAKER	500 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 P Baker** Date **10/1/03** **863 385 7113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007



October 1, 2003

Florida Department of State  
Division of Corporations

Re: Sebring Lakeside Golf Resort, Inc.  
FFIN 05-0650761

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. Please note the change of address on the Application for Reinstatement. Please be assured that we will not allow this report to be delinquent again. 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