

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

LKLB OF FLORIDA, INC.

P96000054943

REINSTATEMENT 01-02

2. Principal Office Address

1400 Estero Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers Beach, FL

City & State

Zip

33931

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/96

5. FEI Number

65-0750855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael R. Whitt, Esquire

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

13515 Bell Tower Drive, Suite 101

Suite, Apt. #, Etc.

City

Fort Myers, FL

State

FL

Zip Code

33907

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

Michael R. Whitt

REGISTERED AGENT MUST SIGN

Date

4/30/02

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
PD	Conidaris, Robert	1400 Estero Blvd.	Fort Myers Beach, FL 33931
S	Conidaris, Grace	1400 Estero Blvd.	Fort Myers Beach, FL 33931

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:

Grace Conidaris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

941 463 3111

Daytime Phone #

CR2E081 (9/01)

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

LANI KAI BAY AND BEACH CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

1401 Estero Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers Beach, FL

City & State

Zip

33931

Country

US

Zip

Country

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

1/17/84

5. FEI Number

59512669

Applied For

Not Applicable

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**\$8.75 Additional Fee required
for a Certificate of Status**

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Name **Michael R. Whitt, Esquire**

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Fort Myers

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