

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 MAY 25 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061124

1. Corporation Name

Lake Brandon, Inc.

2. Principal Office Address

101 E. Kennedy Blvd

Suite, Apt. #, etc.

SUITE 3900

City & State

Tampa, FL

Zip

5152

Country

33602-

Hillsborough

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

33602

Country

Same

5/17/99 90022050 \$158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

7/17/96

5. FEI Number

59-3587560

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

Richard Mucholland

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

SUITE 3900

City

Tampa

500003343975--8

-08/02/00--01064--004

\*\*\*750.00 \*\*\*750.00

State

FL

Zip Code

33602

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/1/00

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
Pres.	Richard Mucholland	101 E. Kennedy Blvd. SUITE 3900	Tampa, FL 33602
V. P.	Richard Mucholland	101 E. Kennedy Blvd. SUITE 3900	Tampa, FL 33602
Sec/Treas	Richard Mucholland	101 E. Kennedy Blvd. SUITE 3900	Tampa, FL 33602

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:

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

Date

5/1/00 813-225-1615

Daytime Phone #