

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000069707

1. Corporation Name

SOUTHLAKE DEVELOPMENT, INC.

Principal Place of Business

2215 RIVER BLVD.  
JACKSONVILLE FL 32204

Mailing Address

2215 RIVER BLVD.  
JACKSONVILLE FL 32204

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

734 AVENIDA CUARTA

Suite, Apt. #, etc.

Ste 201

City & State

Clermont, FL

Zip

34711

Country

USA

3. New Mailing Office Address, If Applicable

734 AVENIDA CUARTA

Suite, Apt. #, etc.

Ste 201

City & State

Clermont, FL

Zip

34711

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1996

5. FEI Number

59-3414996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CAGAN, JEFFREY	3856 OAKTON	SKOKIE IL 60076
			100003036091--0
			-11/05/99--01044--020
			****758.75 ****758.75

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

DEAS, WILLIAM J  
2215 RIVER BLVD.  
JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

Name

JEFFREY CAGAN

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

734 AVENIDA CUARTA #201

Suite, Apt. #, Etc.

Suite 201

City

Clermont

State

FL

Zip Code

34711

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

REGISTERED AGENT MUST SIGN

Date

10/25/99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/99

Date

(352) 242-2444

Daytime Phone #