

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -2 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085270

1. Corporation Name

VILLAGE OF LAKESIDE REALTY, INC.

Principal Place of Business

Mailing Address

~~20 NORTH ORANGE AVENUE #1400~~  
~~ORLANDO FL 32801~~

~~20 NORTH ORANGE AVENUE #1400~~  
~~ORLANDO FL 32801~~



REINSTATEMENT

99

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

2. New Principal Office Address, If Applicable

100 - 2<sup>ND</sup> AVE. South

Suite, Apt. #, etc.

SUITE 600

City & State

ST. Petersburg, FLA.

Zip

33701

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 2881

Suite, Apt. #, etc.

City & State

ST. Petersburg, Florida

Zip

33731-2881

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/05/1998

5. FEI Number

59-3560312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALLAN, WILLIAM D	6 RACHAEL STREET	TORONTO ONTARIO CANADA M4W
D	ALLAN, RUSSELL	85 WINCHESTER STREET	TORONTO ONTARIO CANADA M4X

200003070522--0  
-12/15/99--01016--017  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CRAIGHEAD, DAVID~~  
~~9000 GLENLAKES BOULEVARD~~  
~~BROOKSVILLE FL 32813~~

Name M. Timothy Farrell  
Street Address (P.O. Box Number is Not Acceptable)  
100 - 2<sup>ND</sup> AVE. South  
Suite, Apt. #, Etc.  
Suite 600  
City ST. Petersburg  
State FL  
Zip Code 33701

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 M. Timothy Farrell  
REGISTERED AGENT MUST SIGN

Date 11/29/99

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: William Allan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 29<sup>th</sup> 1999  
Date Daytime Phone #

KE