

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN 12 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103114

1. Corporation Name

LINKSIDE DEVELOPMENT, INC.

Principal Place of Business

SUITE 2  
1625 WEST MARION AVENUE  
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 510070  
PUNTA GORDA FL 33951

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

2. New Principal Office Address, if Applicable  
3485 Sunset Key Circle

3. New Mailing Office Address, if Applicable  
3485 Sunset Key Circle

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/1998

Suite, Apt. #, etc.

A-1

Suite, Apt. #, etc.

A-1

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33955

Country

Zip

33955

Country

5. FEI Number

582541004

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	William J. Stout	5395 Roswell Road, NE	Atlanta, GA 30342
VP/D	Robert Sheehan	5395 Roswell Road, NE	Atlanta, GA 30342
S/T/D	Peter T. McGough	1900 Lagoon Lane	Cape Coral, FL 33941
D	Ted Stout	3485 Sunset Key Circle, Ste A	Punta Gorda, FL 33955

99AR TS

8. Name and Address of Current Registered Agent

MOORE, JAMES E III  
SUITE 2  
1625 WEST MARION AVENUE  
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

688803106285--6

-01/21/00--01067--007

\*\*\*\*158.75 \*\*\*\*158.75

State Zip Code

FL

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

*William J. Stout* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

7/1/00

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 J. Stout* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William J. STOUT JR.

Date

Daytime Phone #

941-541-1372

# Moore and Waksler, P.L., Attorneys at Law

1625 W. Marion Ave., Ste. 2  
Punta Gorda, Florida 33950  
Telephone: (941) 637-1955  
Facsimile: (941) 637-8485  
mwlaw@sunline.net

December 30, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Linkside Development, Inc.

To Whom It May Concern:

Enclosed for filing, please find the Application for Reinstatement for Linkside Development, Inc. along with a check in the amount of \$158.75 to cover the annual filing fee and Certificate of Status.

We are requesting a waiver of the Reinstatement Fee as the Application for Annual Report was never received at the corporation's mailing address. Michelle Milligan of your office has informed us that while the Application for Annual Report was sent out two times, on both occasions the documents were returned to the Department of State.

Please contact the undersigned if you have any questions.

Thank you for your attention to this matter.

Sincerely,

MOORE AND WAKSLER, P.L.

BY

  
Ariana R. Fileman, Esq.

Enclosures