

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

INCORPORATION  
REINSTATEMENT

01-03



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 12 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 99900009894

1. Corporation Name

Lakeside Builders of the Treasure Coast, Inc

2. Principal Office Address

1761 Barber St.

Suite, Apt. #, etc.

City & State

Sebastian FL

Zip

32958

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-8-1999

5. FEI Number

593617228

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard K. Coffey

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

1761 Barber St

Suite, Apt. #, Etc.

City

Sebastian

800020810838

06/12/03--01083--010 \*\*\*58.75

State

FL

Zip Code

32958

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

Date

REGISTERED AGENT MUST SIGN

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 K. Coffey	1761 Barber St.	Sebastian FL 32958

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-03

Date

7726331938

Daytime Phone #

CR20081 (10/02)

76113