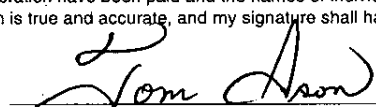PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
1999 - 2004

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # VO 2087

1. Corporation Name

LAKE SHORE DRIVE, INC

2. Principal Office Address	**3.** Mailing Office Address		
11834 S. LAKESHORE Dr			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

4. Date Incorporated or Qualified To Do Business in Florida 12/24/1991

City & State	City & State	**5.** FEI Number	Applied For
CLERMONT FL		59-3098493	Not Applicable

Zip	Country	Zip	Country	**6.** CERTIFICATE OF STATUS DESIRED ☒	$8.75 Additional Fee required for a Certificate of Status
34711	LAKE				

7. Name and Address of Current Registered Agent

Name PAMELA M. ROBB

2000398728222
08/04/04 --01005--012 **150.95
MBR

Street Address (P.O. Box Number is Not Acceptable) 1311 S. VINELAND Ro

Suite, Apt. #, Etc.

City WINTER GARDEN	State FL	Zip Code

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 _____
REGISTERED AGENT MUST SIGN

Date _____

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
P D	TOM ISON	11834 S. LAKESHORE Dr	CLERMONT, FL 34711

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: _____Tom Ison_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 3rd, 2004 407/539-4040
Date   Daytime Phone #