

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 16 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V44305**

1. Corporation Name
VIZCAYA LAKES, INC.

Principal Place of Business % H.L. WILEY 1100 MAIN, SUITE 2700 KANSAS CITY MO 64105 US	Mailing Address % H.L. WILEY 1100 MAIN, SUITE 2700 KANSAS CITY MO 64105 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT *01-98*
 06/15/1992

5. FEI Number 44-1703215	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	FREDERICH, JAMES W	0190 SADDLE CLUB COURT	PARKVILLE MO 64152
PSD	WILEY, H. LEWIS	1212 W 36TH	INDEPENDENCE, MO 64055
ST	WASSERSTROM, MARK D.	1000 MERCANTILE TOWER	KANSAS CITY MO

300002413423-8
 -01/27/98--01083--007
 ****900.00 ****900.00

01-98
120-08

8. Name and Address of Current Registered Agent

HAYES, GEORGE L
600 FIRST AVENUE NORTH, SUITE 300
ST. PETERSBURG FL 33701

DNE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG FL
33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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 *[Signature]* REGISTERED AGENT MUST SIGN Date *1/15/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *12-29-97* Daytime Phone #

CR2E040 (8/97)