


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

90117-7 01 9:30  
 SECRETARY OF STATE  
 WILLIAMS BLDG

DOCUMENT # **761466**

1. Corporation Name **LAKE MILLS SHORES HOMEOWNERS ASSOCIATION, INC.**  
**LOT 3 BLOCK A**  
**P.O. Box 621636**

Principal Place of Business / Mailing Address  
**CHULUOTA, FL. 32766-1636**

**REINSTATEMENT 97-99**

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

2. New Principal Office Address, If Applicable  
**P.O. Box 621636**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**P.O. Box 621636**  
 Suite, Apt. #, etc.

City & State  
**Oviedo, FL**

City & State  
**Oviedo, FL**

Zip  
**32762-1636**

Zip  
**32762-1636**

4. Date Incorporated or Qualified To Do Business in Florida  
**JANUARY 14, 1982**

5. FEI Number  
**59-2660902**  
~~761466~~

6. CERTIFICATE OF STATUS DESIRED  **\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	RONALD A. FRANK	801 MILLSHORE DR	CHULUOTA, FL, 32766
DVP	SEAN MCCARTHY	837 NOCTURNE DR.	CHULUOTA, FL 32766
DT	THOMAS McALENEY	823 MAZURKA DR	CHULUOTA, FL, 32766
DS	MILTON WASHBURN	932 EMERALD DR	CHULUOTA, FL 32766

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 -05/14/99--01002--022  
 \*\*\*\*367.50 \*\*\*\*367.50

8. Name and Address of Current Registered Agent

**ANNA E MARLOEFER**  
**937 MILLSHORE DR**  
**CHULUOTA FL. 32766**

Signature of Registered Agent: *Ronald A. Frank*  
 REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name: **RONALD A. FRANK**  
 Street Address (P.O. Box Number is Not Acceptable): **801 MILLSHORE DR.**  
 Suite, Apt. #, Etc.

City: **CHULUOTA** State: **FL** Zip Code: **32766**

Date: **4/29/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other tax 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)(b), 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: *Ronald A. Frank* **RONALD A. FRANK** Date: **4/29/99** 407-365-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12-98)