

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 4:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **767819**

1. Corporation Name
LAKE PINELOCH VILLAGE CONDOMINIUM ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business C/O FIRST CAPITAL PROPERTY GROUP 602 EAST CHURCH STREET ORLANDO FL 32801 | Mailing Address C/O FIRST CAPITAL PROPERTY GROUP 602 EAST CHURCH STREET ORLANDO FL 32801 |
|---|---|



REINSTATEMENT 02

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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04/06/1983 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-2397637 | |
| | | | | 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 | 2 | 3 | 4 |
|----------|--|---|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| D | LOKEY, HEIGH | 1210 ST TRONG CIRCLE TROPEZ | ORLANDO FL 32806 |
| P | WILLINGHAM, JAMES SNYDER, RICHARD | 2900 MONACO CT 1251 LK WILLISAZA CT | ORLANDO FL 32806 |
| DT | SHOWALTER, STUART | 1313 LAKE WILLISAZA CIRCLE | ORLANDO FL 32806 |
| DV | BORUGHS, TOMMY POLGAR, JULIAN | 1212 ST TRONG CIRCLE 1105 SALENO CT | ORLANDO FL 32806 |
| DS | EROD, BARBARA ELROD | 1124 LAKE WILLISAW CIRCLE | ORLANDO FL 32806 |
| D | COLEMAN, WM. | 2942 LK PINELOCH BLD | ORLANDO, FL 32806 |

| | | | |
|--|--|--|-------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| FIRST CAPITAL PROPERTY GROUP, INC. 602 E. CHURCH STREET ORLANDO FL 32801 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) 500008736825 | |
| | | Suite, Apt. #, Etc. 11701/02--01011--012 **236.25 | |
| | | City | State 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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10/21/02
REGISTERED AGENT MUST SIGN

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: *[Signature]* **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)