

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000423

1. Corporation Name

Island Club West Homeowner's Association, Inc.

2. Principal Office Address

3100 Sand Mine Rd

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33897

Country

3. Mailing Office Address

3100 Sand Mine Road

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33897

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/14/2000

5. FEI Number

593732542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-04

7. Name and Address of Current Registered Agent

Name

David Meadows

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

400 Saddleworth Place

Suite, Apt. #, Etc.

City

Heathrow

State

FL

Zip Code

32746

REINSTATEMENT

500035750865
05/07/04--01042--026 **297.50

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

David Meadows

REGISTERED AGENT MUST SIGN

Date

4/29/04

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
PD	Deanna Meixner	3100 Sand Mine Rd	Davenport, FL 33897
STD	Linda Clark	3100 Sand Mine Rd	Davenport, FL 33897
D	David Meadows	3100 Sand Mine Rd	Davenport, FL 33897

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

4/29/04

Date

407.862.9087

Daytime Phone #

CR2E081 (01/04)

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