

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000008810**

1. Corporation Name

SANCTUARY ON LIVINGSTON HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2424 MANDAN TRAIL
WINTER PARK FL 32789

2424 MANDAN TRAIL
WINTER PARK FL 32789

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

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FUGETT, JACK	2424 MANDAN TRAIL	WINTER PARK FL 32789
VD	FUGETT, MARK	2424 MANDAN TRAIL	WINTER PARK FL 32789
STD	FUGETT, JACK	2424 MANDAN TRAIL	WINTER PARK FL 32789

8. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771

9. Name and Address of New Registered Agent

Name Mark R. FUGETT
Street Address (P.O. Box Number is Not Acceptable)
2424 MANDAN TRAIL
Suite, Apt. #, Etc.
City WINTER PARK State FL Zip Code 32789

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

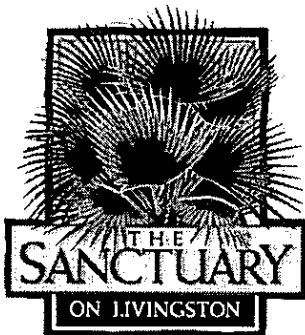
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03
Date

407-927-6582
Daytime Phone #

CR2E040 (7/03)



October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern,

As per my telephone conversation today with a representative of your office, I am writing to state The Sanctuary on Livingston Homeowners Association never received any prior UBR notices regarding our not-for-profit corporation. We, therefore, want the late fees waived.

Enclosed is a check for \$62.50 which is the fee without penalty.

Sincerely,

Mark R. Fugett
Vice President/Officer