

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 30 AM 11:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO5000008518**

1. Corporation Name

**Regency PARK AT LAKE MARY Condominium
ASSOCIATION INC.**

500184867905
08/30/10--01055--003 **210.00

2. Principal Office Address - No P.O. Box #

735 PRIMERA BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Ste 110

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

Zip

32746

Country

US

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/2005

5. FEI Number

204292033

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Premier Property management of Central Florida

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

735 PRIMERA BLVD

Suite, Apt. #, Etc.

Ste 110

City

LAKE MARY

State

FL

Zip Code

32746

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

Dencie N. Halbeurt

Date

8/26/10

REGISTERED AGENT MUST SIGN

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
Pres	Thomas Grimms	735 PRIMERA BLVD	LAKE MARY, FL 32746
V.P.	ANNA MARIA Feichtner	735 PRIMERA BLVD	LAKE MARY, FL 32746

B 8/31/10

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10. E-mail Address: **manAgement e Premier mgmt CFL.com**

(To be used for future annual report notification)

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. I further certify, 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:

Thomas Grimms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/10

Daytime Phone #