

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUL 30 PM 1:46

DOCUMENT # **NO5000016489**

1. Corporation Name

**DRAKE'S POINT HOMEOWNER'S ASSOCIATION,
INC.**

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

27542 LIME AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

YALAHA, FL.

City & State

Zip

Country

Zip

Country

34797-3206

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-3-05

5. FEI Number

20-3613836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DALE BARNHART

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

27542 LIME AVE.

Suite, Apt. #, Etc.

City

YALAHA

State

FL

Zip Code

34797

400250264164
07/30/13--01017--008 **490.00

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

Dale Barnhart

Date **7-26-2013**

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
D	DALE BARNHART	27542 LIME AVE	YALAHA, FL 34797
D	JAY FERBER	9325 DRAKE'S PT. AVE.	YALAHA, FL 34797
D	GOPAL IYENGAR	9162 GREAT HERON CIR.	ORLANDO, FL 32836
	REINSTATEMENT		
	2009-13		
			S. HAWKES
			JUL 31 2013
			EXAMINED

10. E-mail Address: **DALE BARNHART @ COMCAST. NET**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Dale Barnhart

7-26-2013

304-6882

239