PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	PORATI	ENT		IVID	DEPAR Secretary SION OF C	y of S		E			SECRET TALLAHA	2008 DEC	71	
DOCUMENT # N06000009758 1. Corporation Name										ARY OF SSEE,	9	m		
SHORES AT LAKE SEARS HOMEOWNERS ASSOCIATION, INC.											STATE	AM 11:51	U	
1925 East Edgewood Drive 102 F					g Office Address ark Place Boulevard				CR2E081 (10/08)					
Suite, Apt. #, etc. Suite, Apt. Suite 100 Suite [4. Date Incorporated or Qualified					
					Suite D-2				To Do Business in Florida 9/15/2006					
Lakeland				Kissimm	Kissimmee				5. FEI Number Applied For Not Applied For Not Applied For					
zip 33803	Country			34741		US/	•		6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$8.75 Additions for a Certification				
7. Name and Address of Current Registered Agent														
Name Florida Association Management, Inc. c/o Doll						e Bo	vd		☐ The reinstatement fee is imposed, except in					
Street Address (P.O. Box Number is Not Acceptable)									circumstances which the entity did not receive the prior notices. By checking this box, you					
102 Park Place Boulevard Suite, Apt. #, Etc.									are certifying the prior notices were not received and requesting the reinstatement					
Suite D-2									fee be waived 200139040222					
Kissimmee						State Zip Code FL 34741				12/16/0801003012 **236.25				
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														
9. Names	and Street Ad	dresses	of Each Officer a	nd/or Director (Flo	orida nonpre	ofit corp	orations must l's	t at lea	st 3 directors)					
Titles		rs	Street Address of Each Officer and/or Director					City / State / Zip						
D	Edward	aderer, Jr	1925 E. Edgewood Dr.				Ste.100 Lakeland, Florida 33803							
D	Gregor	Masters	1925 E. Edgewood Dr.				, Ste.100 Lakeland, Florida 33803							
D	Luke M	am 	1925 E. Edgewood Dr., S			, Ste.100	e.100 Lakeland, Florida 33803							
							F	R JE	EINS'	TAT	EMI	EN'	T.	
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 filling 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 ell fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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 Daylime Phone #														