

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 12 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# N-07919

1. Corporation Name

Northlake Village Community
Association, Inc.

2. Principal Office Address

1633 E. Vine St.

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

Zip

34744

Country

USA

3. Mailing Office Address

1633 E. Vine St.

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

Zip

34744

Country

USA

REINSTATEMENT

2001

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

5. FEI Number

59-2542901

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

Leland Management

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

1633 E. Vine Street

Suite, Apt. #, Etc.

Suite 110

City

Kissimmee

State

FL

Zip Code

34744

500004649535

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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

Leanne Aulon

REGISTERED AGENT MUST SIGN

Date

LS

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
SD	Evelyn Morris	25212 Northlake Dr.	Sanford FL 32773
TD	James Poyner	25312 Northlake Dr.	Sanford FL 32773
PD	Gerry Lacroix	P.O. Box 91	Pownal VT 05261
D	Diane Almquist	905 Northlake Dr	Sanford FL 32773

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

Date

Daytime Phone #

CR2E081 (8/00)