PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 17 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13177

1. Corporation Name

Long Lake Villas Homeowners Association, Inc.

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-09/19/02--01085--001
****306.25 ****306.25

2. Principal Office Address		**3.** Mailing Office Address	
12633 Challenger Pkwy.		12633 Challenger Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 270		Suite 270	
City & State		City & State	
Orlando		Orlando	
Zip 32826	Country Orange	Zip 32826	Country Orange

4. Date Incorporated or Qualified To Do Business in Florida 1/27/86

5. FEI Number 59-2665231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Pedro E. Vermales

Street Address (P.O. Box Number is Not Acceptable)
12633 Challenger Pkwy

Suite, Apt. #, Etc.
270

City: Orlando | State: FL | Zip Code: 32826

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 _____ Date 9/10/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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/P	Cheri Smelko	7407 Little Pond Ct.	Orlando, FL 32810
D/V	Jennifer Brooks	7579 Groveoak Dr.	Orlando, FL 32810
D/S/T	Pedro E. Vermales	12633 Challenger Pkwy.S.	270 Orlando, FL 32826

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: _____ 9/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #