

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PROVED
AND
FILED

97 MAR 10 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N18513

1. Corporation Name

"THE FARMS" HOME OWNERS ASSOCIATION, INC.

Mailing Address

Principal Place of Business

40 D. LIPSCOMB
13124 FILLY CT.
WINDERMERE, FL 34786

500002110595--7
-03/11/97--01133--017
*****542.50 *****542.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

13124 FILLY CT

13124 FILLY CT

DEC. 30, 1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Doc. # N18513 N/A

Not Applicable

WINDERMERE FL

WINDERMERE, FL

Zip Country

Zip Country

34786

34786

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES/D	DERRELL LIPSCOMB	13124 FILLY CT.	WINDERMERE, FL 34786
VICE/D	DENISE LEBAR	13108 LK BUTLER BLVD	" " "
TREAS/D	LYNDA TRADER	4138 EQUESTRIAN LN	" " "

REINSTATEMENT

92-97

A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
DERRELL LIPSCOMB

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

13124 FILLY CT

Suite, Apt. #, Etc.

City

WINDERMERE

State
FL

Zip Code
34786

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Derrell Lipscomb

REGISTERED AGENT MUST SIGN

Date 2/13/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Derrell Lipscomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 (407) 356-4235

CR2E040 (6/94)