

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1996 DEC -6 PM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20718**
1. Corporation Name **LOT 15, BLOCK 278, UNIT 13
HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**5511 GRANADA BLVD
SEBRING, FL 33872-1550**

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

2. New Principal Office Address, if Applicable SAME AS #1		3. New Mailing Address, if Applicable SAME AS #1		4. Date Incorporated or Qualified To Do Business in Florida 05/19/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2874675	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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
P/D	HINSKEY, LEE ANN	5509 GRANADA BLVD	SEBRING, FL 33872-1550
V/D	SHEARER, D.A.S.	5507 GRANADA BLVD	SEBRING, FL 33872-1550
S	SHEARER, GRACE	5507 GRANADA BLVD	SEBRING, FL 33872-1550
T/D	SANGER, ROBERT H	5511 GRANADA BLVD	SEBRING, FL 33872-1550

REINSTATEMENT

8. Name and Address of Current Registered Agent

**ROBERT H. SANGER
5511 GRANADA BLVD
SEBRING, FL 33872-1550**

9. Name and Address of New Registered Agent

Name **SAME AS #8**
Street Address (P.O. Box Number if Not Applicable) **PO BOX 2024287--4**
Suite, Apt. #, Etc. **-12/10/96--01047--001**
City *******420.00 *****420.00**
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent

Robert H. Sanger
REGISTERED AGENT MUST SIGN

Date **12/03/96**

11. 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.)

12. 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:

Robert H. Sanger
TREASURER

12/03/96 (94) 385 9395
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (12/95)