PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26130

1. Corporation Name

Long Lake Park Homeowners Association, Inc.

FILED

01 APR -3 AM 11: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 5709 Long Park Court Suite, Apt. #, etc.		3. 1	3. Mailing Office Address		1			
		ourt Sa	Same Suite, Apt. #, etc.					
						rporated or Qualified siness in Florida	_04/27/198	00
City & State			& State		5. FEI Number - Applied For			
Orlando, FL				. <u>.</u> -	59–293914 Not Applicable			
Zip Country		Zip.	•	Country	6.			,
32810	32810 USA		-		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
			7. Name and	Address of Current Register	red Agent	Lagrana and and	<u>194</u>	1
	Name Mark A.	Howard, P.E.	.E.			400003993184 - 1 -04/12/0101010004		
4). Box Number is Not Acce				****356) . 75 ****	35 8.75
		yt Court					.1	
	Suite, Apt. #, Etc.							
	City Orlando			CERTER OF CO.		State Zip Code 3281	0	1
						1 1 0-0-		
8. I, being	appointed the register	ed agent of the above nam	ed corporation, am	familiar with and accept the o	bligations of sect			>
Signature of Registered			<u> </u>			Date 02/	25/01	
		REGISTE	NED AGENT MUS	T SIGN			-	
9. Names	and Street Addresses	of Each Officer and/or Dire	ector (Florida nonpr	ofit corporations must list at le	ast 3 directors)	_		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
Pres.	Mark A. Howard		5803	5803 Wayt Court		Orlando, Fl 32810		
V P	Jim Norman		6234	6234 Brookhill Circle		Orlando, Fl, 32810		
Mwo a a	Vari Iamas			6200 Procebbill Givel-		0.3373	20010	
Treas.	Karl James		6308	Brookhill Circ	т6	Orlando, Fl	, 32810	
Sect.	Helen Greene		6161	6161 Brookhill Circle		Orlando, Fl, 32810		
Dir.	George Francis		5819	5819 Pondwood Court,		Orlando, Fl, 32810		
Dir.	Annie Aker		6192	6192 Brookhill Circle		Orlando, Fl. 32810		

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.