

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 DEC 10 AM 8:56

DOCUMENT # **N31621**
1. Corporation Name
HOME OWNERS of LA CITA, PHASE II, INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Office Address
740 LAKEWOOD LANE
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 2095
Suite, Apt. #, etc.

REINSTATEMENT **99-01**

City & State
~~Titusville FLORIDA~~
Zip Country
32780 USA

City & State
Titusville
~~FLORIDA~~
Zip Country
32780-2095 USA

4. Date Incorporated or Qualified To Do Business in Florida **10/29/88**
5. FEI Number 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 **SANDRA CHARKE**
Street Address (P.O. Box Number is Not Acceptable)
740 LAKEWOOD LANE
Suite, Apt. #, Etc.
City **Titusville** State **FL** Zip Code **32780**

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 **Sandra Charke** Date **10-4-01**
REGISTERED AGENT MUST SIGN

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
PRES	SANDRA CHARKE	740 LAKEWOOD LANE TITUSVILLE, FL 32780
TRES	RICHARD WAITE	2930 LACITA LANE TITUSVILLE, FL 32780
SEC	FRANK BROWNE	640 LAKEWOOD LANE TITUSVILLE, FL 32780
member-D	YVONNE HUSKIN	770 LAKEWOOD LANE TITUSVILLE, FL 32780
est	V.P. PATRICIA MANNING	2975 LACITA LANE TITUSVILLE, FL 32780

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: **Sandra Charke** SANDRA CHARKE Date **10-4-01** Daytime Phone # **321-268-9038**