

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 26 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N41468**

1. Corporation Name  
**Foxwood Village Association, Inc**

2. Principal Office Address  
**4444 U.S. Hwy 98N**

Suite, Apt. #, etc.

City & State  
**Lakeland FL**

Zip Country  
**33809 Polk**

3. Mailing Office Address  
**4444 U.S. Hwy 98N #4AA**

Suite, Apt. #, etc.

City & State  
**Lakeland FL**

Zip Country  
**33809 Polk**

4. Date Incorporated or Qualified  
To Do Business in Florida **Jan 1, 1991**

5. FEI Number **59 304 7294**  
Applied For   
Not Applicable

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

00-01

7. Name and Address of Current Registered Agent

Name **Bryan K. McLachlan**

Street Address (P.O. Box Number is Not Acceptable)  
**9750 Seminole Blvd.**

Suite, Apt. #, Etc.

City **Seminole**

**900003802099-7**  
**-03/06/01--01051--019**  
**\*\*\*\*305.25 \*\*\*\*305.25**

State **FL** Zip Code **33775**

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

REGISTERED AGENT MUST SIGN

Date **2.8.01**

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
<del>President</del>	<del>Duane A. Edwards</del>	<del>4444 U.S. Hwy 98N #128</del>	<del>Lakeland, FL 33809</del>
Vice President	Mary Preston	4444 U.S. Hwy 98N #100	Lakeland, FL 33809
Treasurer	Glenda Bryan	4444 U.S. Hwy 98N #233	Lakeland FL 33809
Secretary	Frank Carroll	4444 U.S. Hwy 98N #31	Lakeland FL 33809
Director	Ella (Fran) Gentry	4444 U.S. Hwy 98N #78	Lakeland FL 33809
Director	Ron Weaver	4444 U.S. Hwy 98N #53	Lakeland FL 33809

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:

**Duane A. Edwards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/01**

Date

**(863) 816-1026**

Daytime Phone #

CR2E081 (9/00)