

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47166

1. Corporation Name

*The Landings at Plantation Bay
Homeowners Assn, Inc.*

2. Principal Office Address

100 Plantation Bay Dr

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/5/92

5. FEI Number

59-3109937

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

Nancy Deane

300035256123

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

100 Plantation Bay Drive

*05/03/04--01048--012 **297.90*

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

Nancy Deane

REGISTERED AGENT MUST SIGN

Date

4/29/04

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
PD	<i>Anthony Reitano</i>	<i>16 Landings Ln</i>	<i>Ormond Beach, FL 32174</i>
VPD	<i>David Richards</i>	<i>38 Landings Ln</i>	<i>Ormond Beach, FL 32174</i>
SD	<i>Linda Vegas</i>	<i>1023 Hampstead Ln</i>	<i>Ormond Beach, FL 32174</i>
TD	<i>Ruth Clymer</i>	<i>20 Landings Ln</i>	<i>Ormond Beach, FL 32174</i>
D	<i>Karelle Reitano</i>	<i>16 Landings Ln</i>	<i>Ormond Beach, FL 32174</i>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Vegas, Sec.

Date

4/29/04

Daytime Phone #

386-437-0882

CR2E081 (10/02)