

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 92000000207

1. Corporation Name

KINGS LANDING HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

UNIVERSITY PROPERTIES

Suite, Apt. #, etc.

7001 TEMPLE TERRACE HWY

City & State

TEMPLE TERRACE, FL

Zip

33637

Country

USA

3. Mailing Office Address

UNIVERSITY PROPERTIES

Suite, Apt. #, etc.

7001 TEMPLE TERRACE HWY

City & State

TEMPLE TERRACE, FL

Zip

33637

Country

USA

REINSTATEMENT 02-03

500013718195

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

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

Antonio Duarte III

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

11959 N Florida Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

2/19/03

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 | VALIQUETTE, TOM | 26925 HAVERHILL DR. | LUTZ, FL. 33559-8526 |
| VPD | BENNETT, VALERIE | 26800 HAVERHILL DR. | LUTZ, FL. 33559-8526 |
| SID | FONTAINE, PATRICIA | 26844 CARMEN PL. | LUTZ, FL. 33559-8526 |
| TD | BRACCIALE, ROSALIE | 4552 STEEL DUST LANE | LUTZ, FL. 33559-8526 |
| D | KLINDWORTH, RANDY | 4302 FAYETTE DR. | LUTZ, FL. 33559-8526 |
| D | SIEDEL, ERNEST | 26748 HAVERHILL DR. | LUTZ, FL. 33559-8526 |

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:

Patricia Fontaine PATRICIA FONTAINE

1/28/03

980-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)