

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -4 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004132

1. Corporation Name

Tuckaway Lakes Homeowners Association, Inc.

700118074127
02/14/08--01046--017 **358.75

REINSTATEMENT
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1978 Rockledge Blvd.

Suite, Apt. #, etc.

Suite 106

City & State

Rockledge, Florida

Zip

Country

32955

3. Mailing Office Address

1978 Rockledge Blvd

Suite, Apt. #, etc.

Suite 106

City & State

Rockledge, Florida

Zip

Country

32955

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3204287

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

Advanced Property Management

Street Address (P.O. Box Number is Not Acceptable)
1978 Rockledge Blvd.

Suite, Apt. #, Etc.
Suite 106

City
Rockledge

State
FL

Zip Code
32955

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Vance Moore

REGISTERED AGENT MUST SIGN

Date 1-10-08

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	Lucht, Beverly	3440 Brahman Ave	Rockledge, Fl. 32955
VPD	Seick, Bruce	3451 Brahman Ave	Rockledge, Fl. 32955
TD	Faulkner, Theresa	3672 McLean Ave.	Rockledge, Fl. 32955
SD	DUFFY, Megan	3400 Brahman Ave.	Rockledge, Fl. 32955
D	Stanifer, Nancy	3430 Brahman Ave.	Rockledge, Fl. 32955

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 contained in Chapter 119, 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:

Beverly L Lucht / Beverly L Lucht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-08

Daytime Phone #