

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



98-99 AR

FILED

99 OCT 15 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005356

1. Corporation Name  
PALM LAKE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address  
425 W. COLONIAL DRIVE  
SUITE 201  
ORLANDO, FL 32804

800003018708--4  
-10/19/99--01073--007  
\*\*\*\*122.50 \*\*\*\*122.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-3284750 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	PAUL H. CURTIS (D)	425 W. COLONIAL DR #201	ORLANDO, FL 32804
VICE PRES	CLINTON A. CURTIS (D)	425 W. COLONIAL DR #201	ORLANDO, FL 32804
	CAROL C McALPIN (D)	425 W. COLONIAL DR #201	ORLANDO, FL 32804

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PAUL H CURTIS 425 W. COLONIAL DR #201 ORLANDO, FL 32804		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: *[Signature]* Date: 10/10/99  
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAUL H. CURTIS 10/10/99 (407) 422-4471  
Date Daytime Phone #

CR2E081 (12/98)