

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP -5 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000102

1. Corporation Name

DEER LAKE MASTER PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address

7551 SIKI DEER WAY

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33912

Country

USA

3. Mailing Office Address

7551 SIKI DEER WAY

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33912

Country

USA

REINSTATEMENT

ca-00

4. Date Incorporated or Qualified
To Do Business in Florida

1/6/1995 SP

5. FEI Number

65-0552822

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

LEE C. GREENOUGH

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

5551 LUCKETT ROAD

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33905

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

Date 8/4/00

REGISTERED AGENT MUST SIGN

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	LEE C. GREENOUGH	7551 SIKI DEER WAY	FORT MYERS, FL 33912
VD	NOLAN M. WALKER	7551 SIKI DEER WAY	FORT MYERS, FL 33912
STD	SHELBY J. RICHARDS	7551 SIKI DEER WAY	FORT MYERS, FL 33912

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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEE C. GREENOUGH

8/4/00

Date

941-694-2191

Daytime Phone #