

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

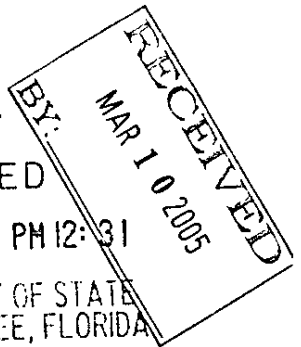


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -5 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 1N96000002533

1. Corporation Name

Isles of Lake Hancock Homeowners Association, Inc.

2. Principal Office Address

5401 S Kirkman Rd

3. Mailing Office Address

5401 S Kirkman Rd

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

REINSTATEMENT 04-05

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

5/6/96

5. FEI Number

59-3435875

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

Community Management Professionals Inc

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

5401 S Kirkman Rd

Suite, Apt. #, Etc.

Suite 450

City

Orlando

State

FL

Zip Code

32819

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

Joe Parson President
REGISTERED AGENT MUST SIGN

Date 3/3/05

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	Casey Herlihy	232 Dillard St	Winter Garden FL 34787

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:

C. Herlihy, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

Date

407-876-0729 x8

Daytime Phone #

CR2001 (01/05)