

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -5 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16773**

1. Corporation Name

LAKE Cane Hills ~~FAST~~ Addition Community Association, incorporated
c/o Lizzoli; 5622 Clearview DR
ORLANDO, FLORIDA 32819

Principal Place of Business

Mailing Address

ABOVE

REINSTATEMENT **93-97**

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. | | 7-9-86 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 59-3025423 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 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. | NINA C. LIZZOLI | 5622 CLEARVIEW DR | ORLANDO, FLA. 32819 |
| V.P. | KERRY CHESTER | 7116 WESTMAR DR. | ORLANDO, FLA 32819 |
| Sec. TRES | CONNIE MIGLIARA | 5606 S. RIDGEWAY DR. | ORLANDO, FLA 32819 |
| DIR. | LEN E. CARMELLA | 5702 S. RIDGEWAY DR | ORLANDO, FLA 32819 |
| DIR. | JEFF BUSCH | 5719 CLEARVIEW DR | ORLANDO, FLA 32819 |
| | | | DB5-9-97 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEVEN WOOSTER
5822 RIDGEWAY DR.
ORLANDO, FLA 32819

Name
NINA C. LIZZOLI
Street Address (P.O. Box Number is Not Acceptable)
5622 CLEARVIEW DR
Suite, Apt. #, Etc.
ORLANDO 300002176713--9
City
ORLANDO
05/13/97 01071-004
****481 FL 32819.25

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

NINA C. LIZZOLI *Nina C. Lizzoli*

Date

4/28/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Nina C. Lizzoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NINA C. LIZZOLI

Date

4/28/97

Daytime Phone #

407-351-6307

CPRE04G (12/96)