

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF STATE
Secretary **B. Mortham**
DIVISION OF
ary of State

FILED

98 OCT -6 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24005**

1. Corporation Name

Lafayette Estates Homeowners Assoc

W98-21235

Principal Place of Business

Mailing Address

**PO BOX 11005
Tallahassee, FL 32302**

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

1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2907788

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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
President	Ray Moreau	1895 Vineland Lane	Tallahassee, FL 32311
Vice President	Eddie Cain	1883 Vineland Lane	Tallahassee, FL 32311
Treasurer	Donna Son	1986 Vineland Lane	Tallahassee, FL 32311

REINSTATEMENT

10/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Donna Son

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

PO BOX 11005 1986 Vineland Pr

Suite, Apt. #, Etc.

700002660947-2

City

Tallahassee

10/09/98

01091-004

*****358**

FE 32302

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

Donna Son

REGISTERED AGENT MUST SIGN

Date

9/14/98

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:

Donna Son

DONNA SON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/98

Date

850-224-2727

Daytime Phone #