

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 730076

1. Corporation Name

TYMBER SKAN ON THE LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4250 GREENPOCKET LANE
ORLANDO FL 32839-1008

Mailing Address

4250 GREENPOCKET LANE
ORLANDO FL 32839-1008

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

06/27/1974

5. FEI Number

50-1629556

Applied For

Not Applicable

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	4 City / State / Zip
P	BATTLE, CHARLIE	2541 LODGEWOOD LANE	ORLANDO, FL 00000 32839
D	TIEDEMAN, KENNETH	TYMBERWOOD LN 4107	ORLANDO FL 32839
VP	JENKINS, ALLIE A	2549 LODGEWOOD LANE	ORLANDO FL 32839
D	MARTINEZ, NEPHTAI	1025 S SEMORAN BLVD	WINT PARK FL 32792
T	TELLEZ, NOHEMI	4288 GREENPOCKET LANE	ORLANDO FL 32839

8. Name and Address of Current Registered Agent

PLATIN, MAGDALENA
4250 GREENPOCKET LANE
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name
CHARLIE BATTLE, President, Acting R.A.
Street Address (P.O. Box Number is Not Acceptable)
4250 GREENPOCKET LANE
Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32839

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

Charlie Battle, Acting R.A.
REGISTERED AGENT MUST SIGN

Date 10/14/99

11. 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:

Charlie Battle, President 10/14/99 (407) 423-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

99 OCT 19 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR02040 (06/99)