

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000002849

1. Corporation Name

Lake Underhill Pines Homeowners Association, Inc.

REINSTATEMENT 04

800030502769
03/16/04--01018--007 **245.00

2. Principal Office Address
226 Pine Arbor Drive

3. Mailing Office Address
226 Pine Arbor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32825

Country

USA

Zip

32825

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 29, 1996

5. FEI Number
593423320

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

Nelson Espinosa

Street Address (P.O. Box Number is Not Acceptable)
226 Pine Arbor Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-8-04

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	Nelson Espinosa	226 Pine Arbor Drive	Orlando, FL 32825
VD	Randall Armstrong	106 Underhill Loop Drive	Orlando, FL 32825
SD	Daryle Arthurs	235 Pine Arbor Drive	Orlando, FL 32825
TD	Ray Verba	251 Pine Arbor Drive	Orlando, FL 32825
D	W. Cleveland Acree, II	172 Pine Arbor Drive	Orlando, FL 32825

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:

[Signature] NELSON A. ESPINOSA

3-8-04

321-436-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)