

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 93000003295 (3)**

1. Corporation Name

**Valley View Terrace West Property
Owners Association, Inc.**

REINSTATEMENT 98-04

2. Principal Office Address

3120 Big Valley Dr.

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33813

Country

USA

3. Mailing Office Address

3120 Big Valley Dr.

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33813

Country

USA

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

7/16/1993

5. FEI Number

59-3232095

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

Lori Oswald (Treasurer)

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

3120 Big Valley Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Lori Oswald

REGISTERED AGENT MUST SIGN

Date **12-1-04**

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
Pres.	-Rob Daigle	3140 Big Valley Drive	Lakeland FL 33813
Sec.	Wendy Scott	3101 Big Valley Drive	Lakeland FL 33813
Tres.	Lori Oswald	3120 Big Valley Drive	Lakeland FL 33813

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:

Lori Oswald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-04

Date

863-647-2823

Daytime Phone #

CR2E081 (10/02)