

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 30 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9500005467

1. Corporation Name

LAKE TOHO SUNSET POINTE HOMEOWNERS'
ASSOCIATION, INC.

2. Principal Office Address

1501 SUNSET POINTE PL

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34744

Country

ESCEDUA

3. Mailing Office Address

NA

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-01-02-03

06/18/03 01/013 004 481.25

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

10-16-95

5. FEI Number

593356620

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

STEVEN WHITMORE

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

1501 SUNSET POINTE PLACE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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]

Date 6-12-03

REGISTERED AGENT MUST SIGN

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
P/D	STEVE WHITMORE	1501 SUNSET POINTE PL	KISSIMMEE, FL 34744
VP/D	KIP BONAR	1504 SUNSET POINTE PL	KISSIMMEE, FL 34744
S/D	PATIA ACKLEY	1503 SUNSET POINTE PL	KISSIMMEE, FL 34744
T/D	DOREEN WEISS	1505 SUNSET POINTE PL	KISSIMMEE, FL 34744

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] Steve Whitmore

6-12-03

407 9086962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/02)

21 2/3