

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL -5 AM 9:57

1986-2006

DOCUMENT # 701010

1. Corporation Name

Bear Lake Manor Civic Betterment Assoc. Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3516 Craig Drive

APOPKA FL.

32703

U.S.A.

CR2E081 (12/05)

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

05-26-1960

5. FEI Number

71-1006606

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

DONALD G. MACAULAY

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

3516 CRAIG DRIVE

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

000076939978
07/05/06--01003--003 **146.25

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

Donald G. Macaulay
REGISTERED AGENT MUST SIGN

Date 06/29/2006

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	DONALD G. MACAULAY	3516 CRAIG DRIVE	APOPKA FL. 32703
V/D	PAUL D. HARDY	1343 LAKE ASHER CIR.	APOPKA FL. 32703
S/D	KATHLEEN CRESSMAN	1346 LAKE ASHER CIR.	APOPKA FL. 32703
T/D	RUTH B. MACAULAY	3516 CRAIG DRIVE	APOPKA FL. 32703

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 contained in Chapter 119, 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:

Donald G. Macaulay Donald G. Macaulay 06/29/2006 407-574-4616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KAP

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL -5 AM 9:57

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Karen Beyer

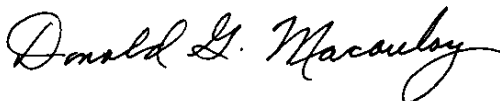
Proper notification was not received in 1986. Please waive the reinstatement fee.

Enclosed is the check for the yearly report fees since 1986 and \$ 8.75 for a Certificate of Status.

Check #	2111
Amount	\$1466.25
Certification of Status	<u>\$ 8.75</u>
Total	\$1475.00

Thank you for taking care of this matter.

Yours truly,



Donald G. Macaulay
President

DOCUMENT # 701010