

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728781

1. Corporation Name

LAKE JESSAMINE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

5325 JESSAMINE LANE
ORLANDO FL 32839
US

Mailing Address

5325 JESSAMINE LANE
ORLANDO FL 32839
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1975072

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DUGGINS, APRIL	5325 JESSAMINE LANE	ORLANDO FL 32839
D	GASTALDO, EDWARD	5347 LAKE JESSAMINE DRIVE	ORLANDO FL 4
D VP	COUNIHAN, FRANK BJORNSSON, JOHANN	5144 STRATEMEYER DRIVE 5208 STRATEMEYER DRIVE	ORLANDO FL- 4 ORLANDO FL
S	WYATT, MARTHA	5335 JESSAMINE LANE	ORLANDO FL 4
D	ANELLO, JOSEPH	5164 STRATEMEYER DRIVE	ORLANDO FL 4
D	POWELL, DR. NEIL	5315 JESSAMINE LANE	ORLANDO FL 4

8. Name and Address of Current Registered Agent

WALLACE, ROBERT L.
537 MARY JESS ROAD
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002362937-4

-12/04/97-01068-017

***236.25 State ***236.25

FL

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

Robert L. Wallace

REGISTERED AGENT MUST SIGN

Date 11/21/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

APRIL S. DUGGINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/97

(407) 306-2702
Daytime Phone #