

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

98 NOV 20 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729673

1. Corporation Name

LAKE TALQUIN HEIGHTS HOMEOWNER'S ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

18034 RAKESTRAW DR.
TALLAHASSEE FL 32310

18034 RAKESTRAW DR.
TALLAHASSEE FL 32310

18035

18035

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



REINSTATEMENT

2. New Principal Office Address, If Applicable 18035 RAKESTRAW DR.		3. New Mailing Office Address, If Applicable 18035 RAKESTRAW DR.		4. Date Incorporated or Qualified To Do Business in Florida 05/15/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3435545	
City & State SAME		City & State SAME		Applied For Not Applicable	
Zip SAME	Country SAME	Zip SAME	Country SAME	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	SLOCUMB, LARRY	HC 2, BOX 7130, OSCAR HARVEY ROA	TALLAHASSEE FL 32310
D	REISER, MARTY	18034 RAKESTRAW DR.	TALLAHASSEE FL 32310
D	FARRIS, TONY	18033 RAKESTRAW DR.	TALLAHASSEE FL 32310
D	RICHTER, LUTHER	18042 RAKESTRAW DR.	TALLAHASSEE FL 32310
P	SLOCUMB, LARRY	HC 2, BOX 7130, OSCAR HARVEY RD	TALLAHASSEE FL 32310
S	RAY, SUZANNE	18035 RAKESTRAW DR.	TALLAHASSEE FL 32310

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHITTENDEN, ANN
18035 RAKESTRAW DRIVE
TALLAHASSEE FL 32310

Name	
Street Address (P.O. Box Number is Not Acceptable)	000002699610--8
Suite, Apt. #, Etc.	-12/01/98-01089-010
City	****236.25 ****236.25
State	FL
Zip Code	

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 Ann Chittenden **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/18/98

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

921-1222

Daytime Phone #

CR2E040 (9/98)