

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

733935

1. Corporation Name

SHADOW LAKE CONDOMINIUM, Inc.

2. Principal Office Address - No P.O. Box #

121-131 CARIBBEAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5201

Suite, Apt. #, etc.

City & State

DELTONA

City & State

FL.

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

733935

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

ANN GAULE

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

131 CARIBBEAN ST # 5B

Suite, Apt. #, Etc.

City

DELTONA, FL

State

FL

Zip Code

32725

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

ANN GAULE

REGISTERED AGENT MUST SIGN

200144979272
03/04/09 Date 03/19/09 236.25

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.	EVERETT BEEMER	OCT/APR 131 CARIBBEAN ST # 3A MAY/SEP 1209 WOODMEADOW	DELTONA FL 32725 LANSING MI 48917
Vice PRES.	ANN GAULE	131 CARIBBEAN ST # 5B	DELTONA, FL 32725
SEC.	KATHY SEDGWICK	131 CARIBBEAN ST # 7B	DELTONA, FL 32725
TRES.	RICHARD HICKS	JAN/APR 131 CARIBBEAN ST # 5B MAY/DEC 7112 STEEPLECHASE WAY	DELTONA FL 32725 LANSING MI 48917

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:

RICHARD HICKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANS. 1-517-323-3557
MARCH 2, 2009 1-386
574-7948
Date Daytime Phone #

RICHARD HICKS TRES.