

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~LIMITED LIABILITY~~
COMPANY

~~REINSTATEMENT~~

2011 AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733935

1. Limited Liability Company's Name

SHADOWLAKE CONDOMINIUM ASSOC.

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

121 CARIBBEAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5201

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL.

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

4. State/Country of Formation

FLORIDA / Volusia

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

733935

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ANN GAYLE

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

121 CARIBBEAN ST #5

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

E-mail Address:

DWHICKS42@YAHOO.NET

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

3/11/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	EVERETT BEEMER	OCT-APR 121 CARIBBEAN ST #3A	DELTONA, FL 32725
VICE PRES	ANN GAYLE	MAY-SEP 1209 WILLOW MEADOW	LANSING MI 48917
		121 CARIBBEAN ST 5B	DELTONA, FL 32725
SEC	KATHI SEDGWICK	121 CARIBBEAN ST 7B	DELTONA, FL 32725
TRES	RICHARD L. HICKS	JAN-APR 121 CARIBBEAN ST 8B	DELTONA, FL 32725
		MAY-DEC 712 STEEPLECHASE WAY	LANSING MI 48917

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

MAR.

Daytime Phone #

FL 1-386-574 7948

MICH 1-517-323 3557

Typed or printed name of signing Managing Member/Manager

RICHARD L. HICKS

TRES.