


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 JAN 11 PM 2:27 SECRET TALLAHASSEE, FL 200226554742 3-29-12 - 01002-009 \$70.00 CR2E081 (11/10)	
DOCUMENT # 733935					
1. Corporation Name SHADOW LAKE CONDOMINIUMS, INC.					
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		City & State DELTONA		4. Date Incorporated or Qualified To Do Business in Florida	
Zip FL 32725	Country	Zip FL 32728	Country	5. FEI Number 80-0737939	Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent Name KATHLEEN A. SEDGWICK Street Address (P.O. Box Number is Not Acceptable) 121 CARIBBEAN STREET Suite, Apt. #, Etc. #7B City DELTONA				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 200226554742 01/29/12-01002-009 \$70.00 200226554742 01/09/13-01010-013 \$4166.25	
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 <u>Kathleen A. Sedgwick</u> Date <u>12-22-12</u> REGISTERED AGENT MUST SIGN					
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	EVERETT BEEMER	121 CARIBBEAN ST. 3A		DELTONA, FL 32725	
V	RICHARD GAGNON	121 CARIBBEAN ST. 15D		DELTONA, FL 32725	
T	RICHARD HICKS	121 CARIBBEAN ST. 8B		DELTONA, FL 32725	
S	KATHLEEN A. SEDGWICK	121 CARIBBEAN ST. 7B		DELTONA, FL 32725	
10. E-mail Address: <u>ksedgwick@cfl.rr.com</u> (To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify, 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: <u>Kathleen A. Sedgwick</u> <u>KATHLEEN A. SEDGWICK</u> 12-22-12 407-416-5100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					