

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737136**

1. Corporation Name

LAKE HIGHLANDER MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 CR #1
LOT # 171
DUNEDIN FL 34698
US

1500 CR #1
LOT # 171
DUNEDIN FL 34698
US

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

2. New Principal Office Address, If Applicable

MARIE HOTTE

Suite, Apt. #, etc.

1500 COUNTY RD #1 #215

City & State

DUNEDIN FL

Zip

34698

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1976

5. FEI Number

58-1741631

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P	PETERS, DESMOND J	1500 CR #1 LOT 55	DUNEDIN FL
VP D	TUCKER, ROBERT	1500 COUNTY RD #1 LOT 171	DUNEDIN FL
T	BERRY, WILLIAM	1500 COUNTY RD #1-215	DUNEDIN FL
S	CROSS, ARTHUR	1500 COUNTY RD #1-240	DUNEDIN FL
VP P	HOTTE, MARIE	1500 COUNTY RD #1-215	DUNEDIN FL
D	BISAILLON, ROBERT	1500 COUNTY RD #1-38	DUNEDIN FL

8. Name and Address of Current Registered Agent

PETERS, DESMOND J
1500 COUNTY RD #1
LOT 55
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

ROBERT C. TUCKER
1500 COUNTY RD #171
DUNEDIN, FL. 34698
Code 34698

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 C. Tucker

REGISTERED AGENT MUST SIGN

Date **10/20/99**

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., 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:

Robert C. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 OCTOBER 1999

Date Daytime Phone #

(727) 723-6049