

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737284

1. Corporation Name

LAKE PATRICIA HOMEOWNERS, INC.

2. Principal Office Address

14411 LAKE CHILDS CT.

Suite, Apt. #, etc.

3. Mailing Office Address

14411 LAKE CHILDS CT.

Suite, Apt. #, etc.

City & State

MIAMI LAKES FLORIDA

City & State

MIAMI LAKES FLORIDA

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/76

5. FEI Number

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

SAM BUDLONG

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

14411 LAKE CHILDS CT.

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

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**

Sam Budlong

Date 2/26/01

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/D	SAM BUDLONG	14411 LAKE CHILDS CT.	MIAMI LAKES, FL 33014
T/D	JOE VERGA	14401 LAKE CHILDS CT.	MIAMI LAKES, FL 33014
V/D	H.R. ECHOLS	14120 LK. CANDLEWOOD CT.	MIAMI LAKES, FL 33014
D	NANCY MYERS	14331 LAKE SARANAC	MIAMI LAKES, FL 33014
D	GLORIA BOETTCHER	14321 LAKE SARANAC	MIAMI LAKES, FL 33014
D	JEFF WILLMAN	14231 LAKE CHILDS CT.	MIAMI LAKES, FL 33014

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 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:

Sam Budlong

SAM BUDLONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

305-670-9250

Daytime Phone #

CR2E081 (9/00)