

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 NOV -3 PM 1:01

DOCUMENT # **738828**

1. Corporation Name

PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
000024381660
 11/03/03--01071--001 **236.25

Principal Place of Business

Mailing Address

305 NORTH DR
 ISLAMORADA FL 33036
 US

305 NORTH DR
 ISLAMORADA FL 33036
 US

Handwritten initials



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MULLINS RICHARD,	109 SOUTH DR.	ISLAMORADA FL 33036
VPD	WRIGHT, CARL	201 HARBOR DR.	ISALMORADA FL 33036
D	SHEETS, EDWARD	313 NORTH DR	ISLAMORADA FL 33036
D	CORTINA, ANGEL J	305 NORTH DR	ISLAMORADA FL 33036
PRES.	WIGHTMAN, E	115 South Dr	ISLAMORADA, FL 33036
D	CUMMINS, W	113 South Dr	ISLAMORADA, FL 33036

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORTINA, ANGEL J
 305 NORTH DR
 ISLAMORADA FL 33036

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Angel Cortina

REGISTERED AGENT MUST SIGN

Date **10-30-03**

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature of Angel Cortina

Date **10-30-03**

Date

305 4436622

Daytime Phone #

CR2E040 (7/03)