

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750195

1. Corporation Name

Lora Lane 1 Condominium Association, Inc

REINSTATEMENT 08-10

900181712819
06/04/10--01034--014 **385.75

CR2E081 (4/10)

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

6760 Saint Ives CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33966

Country

Lee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-1979

5. FEI Number

2014019305

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

Glenn W. Barger Jr

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

6760 Saint Ives CT

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33966

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Glenn W. Barger Jr

REGISTERED AGENT MUST SIGN

Date 5-27-2010

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
PR/Off	Glenn W. Barger Jr	6760 Saint Ives CT	FORT MYERS FL 33966
VP	Susan B. Harper	6760 Saint Ives CT	Fort Myers FL 33966
Sec	Kay Berger	6760 Saint Ives CT	Fort Myers FL 33966
Dir	G William Barger	1824 Alpine Dr	Erie Colorado 80516

10. E-mail Address: Bargergrw@msn.com

(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., 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.

SIGNATURE: Glenn W. Barger Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-2010

Date

Daytime Phone #