

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **761466**

1. Corporation Name

**LAKE MILLS SHORES HOMEOWNERS' ASSOCIATION, INC.**

**REINSTATEMENT** 03



900023767639  
10/14/03--01002--022 \*\*236.25

Principal Place of Business

Mailing Address

P.O. BOX 621636  
OVIDO FL 32762-1636

P.O. BOX 621636  
OVIDO FL 32762-1636

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

01/14/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2660902

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	NOEL, MIKE	924 MILLSSHORE DR	CHULUOTA FL 32766
DVP	DICKI, JONATHAN	818 MCLOPY DR	CHULUOTA FL 32766
TD	BOGDANY, TIMOTHY	868 MEZODY DR	CHULUOTA FL 32766
DS	WASHBURN, MILTON	932 EMERALD DR.	CHULUOTA FL 32766

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOEL, MICHAEL  
924 MILLSHORE DR  
CHULUOTA FL 32766

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

*Signature of Michael B. Noel*  
REGISTERED AGENT MUST SIGN

Date

10/09/03

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 of Michael B. Noel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/09/03 4027659657

CR2040 (7/03)