

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -7 AM 8:53

ALLAN DE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764313

1. Corporation Name

Lake Down Homeowners Association, inc.

100104255431
06/12/07--01013--008 ***367.50

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

10435 Down Lakeview Circle

3. Mailing Office Address

P.O. Box 1201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere, Florida

City & State

Windermere, Florida

Zip

34786

Country

USA

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-27-82

5. FEI Number

592719715

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

Joseph T. Alarie Jr.

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

10435 Down Lakeview Circle

Suite, Apt. #, Etc.

City
Windermere

State
FL

Zip Code
34786

☐ The 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

REGISTERED AGENT MUST SIGN

Date 5-31-07

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	Joe Alarie	10435 Down Lakeview Circle	Windermere, Florida 34786
V/D	Andy Newman	1626 DownLake Drive	Windermere, Florida 34786
T/D	David Ontko	1704 DownLake Drive	Windermere, Florida 34786
S/D	Teresa Aken	10350 Down Lakeview Circle	Windermere, Florida 34786
D	Kim Dodd	10342 Down Lakeview Circle	Windermere, Florida 34786

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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE ALARIE

Date

5-31-07

Daytime Phone #

408-656-8879