

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPROVED
 AND
 FILED

00 FEB 21 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **767189**
 1. Corporation Name
OLD MILL RUN HOMEOWNERS ASSOCIATION, INC.
W00000002054

Principal Place of Business Mailing Address
444 W. New England Ave. **444 W. New England Ave.**
Suite B **Suite B**
Winter Park, FL 32789 **Winter Park, FL 32789**

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4-6-99 90075 037

4. Date Incorporated or Qualified To Do Business in Florida **2/28/1983**

5. FEI Number **59-2530439**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

REINSTATEMENT 9800

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Copare, Margaret	29016 Old Mill Rd Tavares, FL 32778	Tavares, FL 32778
V/D	POLLARD, DENNIS	32829 C.R. 473	Leesburg, FL 34788
S/D	OLDS, MARYLYNN	29319 E. Old Mill Rd.	Tavares, FL 32778
T/D	MARTIN, MARGE	29124 Old Mill West	Tavares, FL 32778
D	BATSON, HEATHER	29142 W. Old Mill Rd	Tavares, FL 32778
D	HUMPHREY, JIM	15304 Grinders Glen	Tavares, FL 32778

8. Name and Address of Current Registered Agent
300003156133-2
-03/03/00-01009-025
******236.25 ****236.25**

9. Name and Address of New Registered Agent
 Name **Adam Smith**
 Street Address (P.O. Box Number is Not Acceptable)
444 W. New England Ave.
 Suite, Apt. #, Etc.
Suite B
 City **Winter Park** State **FL** Zip Code **32789**

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.
 Signature of Registered Agent **Adam Smith**
 REGISTERED AGENT MUST SIGN

300003156133-2
 Date **03/09/00**
01009-024
*******61.25 *****61.25**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **Margaret V. Copare** **1/17/00** **(352) 343-9356**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08 (12/98)