

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -9 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52948**

1. Corporation Name

Lake Mariana Shores Homeowners Association, Inc

2. Principal Office Address

27 Sunset Circle

Suite, Apt. #, etc.

3. Mailing Office Address

54 Sunset Circle

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

Polk

City & State

Winter Haven, FL

Zip

33881

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 26, 1990

5. FEI Number

59-2998731

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

Walter Browne

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

54 Sunset Circle

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33881

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

Walter R Browne

REGISTERED AGENT MUST SIGN

Date

2/9/05

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
Pres.	Randy Stephenson	36 Sunset Circle	Winter Haven, FL 33881
Vice Pres	Steve Fauzet	41 Sunset Circle	Winter Haven, FL 33881
Treas.	Walter Browne	54 Sunset Circle	Winter Haven, FL 33881
Sect.	Paula Stephenson	36 Sunset Circle	Winter Haven, FL 33881

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 corporation 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:

Randy Stephenson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-05 (863) 640-5853

Daytime Phone #

CR2E081 (01/04)