

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 23 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000215

1. Corporation Name

CHRISTINA BOULEVARD EAST MASTER
ASSOCIATION, INC.

REINSTATEMENT 02-06

E. Peterson JAN 23 2006
CR2E081 (8/05)

3/29/02 9/14/01 201 \$66.25

2. Principal Office Address

201 CHRISTINA BLVD

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33813

Country

POLK

3. Mailing Office Address

201 CHRISTINA BLVD

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33813

Country

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2000

5. FEI Number

593620702

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

L.K. HOFFMAN

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

201 CHRISTINA BLVD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

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

L.K. Hoffman

REGISTERED AGENT MUST SIGN

Date

12/14/2005

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	HOFFMAN, L.K.	201 CHRISTINA BLVD	LAKELAND FL 33813
S/T/D	HOFFMAN, BARBARA L.	201 CHRISTINA BLVD	LAKELAND FL 33813
V/D	FAULKNER, W.O.	201 CHRISTINA BLVD	LAKELAND FL 33813

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 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:

W.O. Faulkner W.O. FAULKNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/2005
Date

863-646-2039
Daytime Phone #