

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001814

1. Corporation Name THE LAKES AT BLACK BEAR
Reserve Homeowners Association
Inc.

2. Principal Office Address
24525 CR 44-A

Suite, Apt. #, etc.

City & State
EUSTIS FL

Zip Country
32736 USA

3. Mailing Office Address
24525 CR - 44A

Suite, Apt. #, etc.

City & State
EUSTIS FL

Zip Country
32736 USA

STATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 3/20/2000

5. FEI Number 593642976
☐ 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 JAMES W. HART
Street Address (P.O. Box Number is Not Acceptable)
2180 WEST STATE RD 434
Suite, Apt. #, Etc. Suite 5000
City Longwood State FL Zip Code 32779

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/2/06

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
PD	MARK CARSON	P.O. BOX 520	Sorrento FL 32776
VTD	LEEANN CARSON	P.O. BOX 520	Sorrento FL 32776
SD	ASHLEY CARSON	24525 CR - 44A	Eustis FL 32736
			600067882896
			03/15/06--01009--012 ***306.25

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 352.357.5180
Date Daytime Phone #