

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

05 APR 22 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002768

1. Corporation Name

Eastridge Lot Owners Association Inc.

2. Principal Office Address

2180 W SR 434

3. Mailing Office Address

2180 W SR 434

Suite, Apt. #, etc.

Suite 5000

Suite, Apt. #, etc.

Suite 5000

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country
USA

Zip

32779

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/21/2000

5. FEI Number

912084888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

James W. Hart, Jr.

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

2180 West S.R. 434

Suite, Apt. #, Etc.

Suite 5000

City

Longwood

State
FL

Zip Code
32779

800055195278

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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 4/15/05

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
PD	John Diem	869 Scenic View Cir	Minneola, FL 34715
VPD	Shawn Oldham	932 Scenic View Cir	Minneola, FL 34715
SD	Linda Burris	1068 Scenic View Cir	Minneola, FL 34715
TD	Susan Wentz	833 Scenic View Cir	Minneola, FL 34715
D	Arlene Michaelson	865 Scenic View Cir	Minneola, FL 34715

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #