

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 MAY -9 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005090

1. Corporation Name

FOREST LAKES PRESERVE HOMEOWNERS ASSOCIATION INC

2. Principal Office Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779

Country

3. Mailing Office Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/2000

5. FEI Number

03-0461612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

JAMES W HART JR

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

SENTRY MANAGEMENT INC

Suite, Apt. #, Etc.

2180 W SR 434 STE 5000

City

LONGWOOD

State

FL

Zip Code

32779

100018674141

05/09/03--01057--015 \*\*297 5

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

4/2/03

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	KENNETH JOHNS	9456 phillips hwy ste 1	JACKSONVILLE FL 32256
VPD	JOHN ZAKOSKE	9456 PHILLIPS HWY STE 1	JACKSONVILLE FL 32256
SD	JAN J DOAN	9456 PHILLIPS HWY STE 1	JACKSONVILLE FL 32256
SD(2ND)	OSCAR D HARPER	9456 PHILLIPS HWY STE 1	JACKSONVILLE FL 32256
SD(2ND)	TERRI LYNN BREAREY	9456 PHILLIPS HWY STE 1	JACKSONVILLE FL 32256

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

4/14/03

Daytime Phone #

CP25001 (4/00)