

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -6 AM 9:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000000812

1. Corporation Name

Lois Townhomes Homeowner Association, Inc.

2. Principal Office Address - No P.O. Box #

4202 W North B Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Office Address

4202 W North B Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/02/2001

5. FEI Number

593709689

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

Sharon Brechue

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

4202 W North B Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

000259903180
05/06/14--01002--024 **\$10.00

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

Sharon Brechue

Date

4/30/14

REGISTERED AGENT MUST SIGN

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
V	Stephen Brechue	4202 W North B Street	Tampa, FL 33609
T/S	Sharon Brechue	4202 W North B Street	Tampa, FL 33609
D	Alberto Sanchez	4202 W North B Street	Tampa, FL 33609

10. E-mail Address: loistownhomeHOA@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Sharon Brechue

Sharon Brechue

4/30/2014

(813) 310-6018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #