

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 28 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003129**

1. Corporation Name

MOUNT DORA 2010, INC.

REINSTATEMENT **03-05**

2. Principal Office Address

408 NORTH TREMAIN ST.

Suite, Apt. #, etc.

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

3. Mailing Office Address

408 NORTH TREMAIN ST.

Suite, Apt. #, etc.

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2001

5. FEI Number

☒ 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

A. L. BURR, MSP

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

408 NORTH TREMAIN ST.

Suite, Apt. #, Etc.

300060019619

09/28/05-01004-003 **367.50

City

MOUNT DORA, FL 32757

State

FL

Zip Code

32757

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

A. L. Burr

Date

9/26/2005

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
P	Robert Howard	2017 Hillside St	MOUNT DORA, FL 32757
VP	Dale Lind	250 Brookfield Ave	MOUNT DORA, FL 32757
S	Andrea Burr	206 E. 9th Ave, TH	MOUNT DORA, FL 32757
T	Betty Hensinger	600 North Donnelly St	MOUNT DORA, FL 32757

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:

Robert Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/05

Daytime Phone #

352-455-6047