

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -3 AM 8:10

DOCUMENT # N01000005599

1. Corporation Name

PATIO HOMES AT THE GATES OF LAKE REGION
HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

101 BURNS LANE

Suite, Apt. #, etc.

101

City & State

WINTER HAVEN

Zip

33884

Country

USA

3. Mailing Office Address

101 BURNS LANE

Suite, Apt. #, etc.

101

City & State

WINTER HAVEN

Zip

33884

Country

USA

REINSTATEMENT 84-06

CR2E081 (12/05)

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

8-8-2002

5. FEI Number

03-0429160

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

WILLIAM G. REED

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

101 BURNS LANE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State
FL

Zip Code

33884

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

William G. Reed

Date 3-31-2006

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
Pres	ROBERT NUNEZ, JR	444 WEST PIPKIN RD	LAKELAND FL 33813
VP	ROBERT NUNEZ	444 WEST PIPKIN RD	LAKELAND FL 33813
S/T	JUNIS NUNEZ	444 WEST PIPKIN RD	LAKELAND FL 33813

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04/10/06--01015--010 **358.75

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

3/31/06

Date

863-644-0635

Daytime Phone #