

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV -5 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005840

1. Corporation Name

LAKE OF LU-EUNA HOMEOWNERS
ASSOCIATION, INC

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

5610 W. Lake Butler Rd

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

3. Mailing Office Address

5610 W. Lake Butler Rd

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

REINSTATEMENT 06-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2001

5. FEI Number
593740386

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

Mark Nagelsen

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

5610 W. Lake Butler Rd

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mark Nagelsen

Date 11/2/2009

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.	Brian Walsh	4110 So. Florida Ave, Suite 200	Lakeland, FL 33813
V.Pres	Ken Cook	531 Woodlawn Cemetery Rd	Gotha, FL 34734
Tres	Mark Nagelsen	5610 W. Lake Butler Rd	Windermere, FL 34786
Sec	Tamara Alford	12712 Katherine Cir	Clermont, FL 34711

800162547910

11/05/09 01044 993 **420.00

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:

Mark Nagelsen

Mark Nagelsen

11/2/2009

407-877-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6