

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS		19.2	
DOCUMENT # N02000000654 1. Corporation Name LAKE MCCOY RESTORATION ASSOCIATION, INC.				FILED 04 JAN 13 AM 10:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 557 WEKIVA LANDING DR APOPKA FL 32712		Mailing Address 557 WEKIVA LANDING DR APOPKA FL 32712		 700026859007 01/13/04--01073--001 **61.25	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 05/24/2001 5. FEI Number NOT APPLICABLE 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4		
PD	GRENKOSKI, JAMES	1098 OAKPOINT CIR	APOPKA FL 32712		
D	WILLIAMS, DON	527 SIR ARTHUR CT	APOPKA FL 32712		
D	FUGATE, JASON	470 SONGBIRD WAY	APOPKA FL 32712		
D	WESIGHAN, FRANK C	557 WEKIVA LANDING DR	APOPKA FL 32712		
8. Name and Address of Current Registered Agent WESIGHAN, FRANK C 557 WEKIVA LANDING DR APOPKA FL 32712			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: space-between;"><div>FL</div><div></div></div>		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.					
Signature of Registered Agent 		Date 1/8/04			
REGISTERED AGENT MUST SIGN					
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., 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: 		Date 1/8/04 Daytime Phone # 907 422 4310			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (7/03)

222

11/8/04

Dear Sir:

Enclosed please find Application for
Renstatement and \$61.25 fee. We
did not receive Annual Report from your
office. We had a house flood on
7/5/03 and have been out of our home
since then. Mail possibly was lost
in forwarding.

Thank you for your attention to this
matter.

Frank C. Wessighan