

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 NOV 26 PM 12:47

STATE
OFFICE, FL

DOCUMENT # N02000003175

1. Corporation Name
Ivy Lake Estates Association, Inc.

600440230876
11/26/24--01025--009 **236.25

2. Principal Office Address - No P.O. Box # 1601 Crossing Boulevard		3. Mailing Office Address 12270 SW 3rd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State Odessa, Florida		City & State Plantation, Florida	
Zip 33556	Country United States	Zip 33325	Country United States

CR2609: (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	04/26/2002
5. FEI Number	01-0744373
Applied For	<input checked="" type="checkbox"/> 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
Becker & Poliakof, c/o Steven H. Mezer

Street Address (P.O. Box Number is Not Acceptable)
1511 N. Westshore Boulevard

Suite, Apt. #, Etc.
Suite 1000

City
Tampa

State
FL

Zip Code
33607

REINSTATEMENT

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: _____ Date: 10/31/24

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	Deborah Yalacki	1601 Crossing Boulevard	Odessa, FL, 33556
VP	Victoria Fjellstedt	1601 Crossing Boulevard	Odessa, FL, 33556
S	Ricardo Cepeda	1601 Crossing Boulevard	Odessa, FL, 33556
T	Joan Cullen	1601 Crossing Boulevard	Odessa, FL, 33556
D	Donna Lavelle	1601 Crossing Boulevard	Odessa, FL, 33556

10. E-mail Address: bod@ivylakeestates.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 to the Department of State constitutes a third degree felony as provided for in s 317.155, F.S.

SIGNATURE: Deborah Yalacki 11/15/24
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOV 26 2024
M. WILLIAMS