

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO2000005762**

1. Corporation Name
Summer Oaks Phase Two of Polk County Homeowners Association Inc

2. Principal Office Address PO Box 466 Suite, Apt. #, etc.		3. Mailing Office Address PO Box 466 Suite, Apt. #, etc.	
City & State Lakeland Fl.		City & State Lakeland Fl	
Zip 33849	Country	Zip 33849	Country

FILED

06 APR 25 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900074359869
05/11/06--01005--018 **367.50

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida **7-30-2002**

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 **Raymond Flores**

Street Address (P.O. Box Number is Not Acceptable)
7433 Jessamine Dr

Suite, Apt. #, Etc.

City **Lakeland** State **FL** Zip Code **33810**

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 **Raymond Flores** Date **4/17/06**

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, D	Raymond Flores	7433 Jessamine Dr	Lakeland, Fl. 33810
S, D	Lindy Kowalkowski	7443 Loblolly Ave	Lakeland, Fl. 33810
T, D	Brenda Gonzalez	7427 Loblolly Ave	Lakeland, Fl. 33810

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: **Raymond Flores** Date **4/17/06** Daytime Phone # **(863) 255-9084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR