

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 11 PM 1:03

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008389

1. Corporation Name

Fountain Oaks Subdivision Lot Owners Association, Inc.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address

43 SE. 103rd Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip
34480

Country
USA

3. Mailing Office Address

43 SE. 103rd Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip
34480

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

06-1663210

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

Carol A. Gartner

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

43 SE. 103rd Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34480

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

Carol A. Gartner

REGISTERED AGENT MUST SIGN

Date 8/9/2006

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
President	Wayne Gillis	89 SE. 103rd Street	Ocala, FL 34480
V. Pres.	John Gartner	86 SE. 103rd Street	Ocala, FL 34480
Secretary	Jan Brugioni	42 SE. 103rd Street	Ocala, FL 34480
Treasurer	Carol Gartner	43 SE. 103rd Street	Ocala, FL 34480

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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: *Carol A. Gartner*
Carol A. Gartner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/2006

Date

(352)861-4755

Daytime Phone #