

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO 2585*

1. Corporation Name

*KINGSWOOD MANOR HOMEOWNERS
ASSOCIATION, INC.*

2. Principal Office Address

21 SUNSET LANE

3. Mailing Office Address

P.O. BOX 2606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

Zip

Country

33852-6832 HIGHLANDS

Zip

Country

33862-2606 HIGHLANDS

REINSTATEMENT

89-00

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-84

5. FEI Number

59-2389018

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

KENNETH H. DAVIDSON

400003171664-6

-03/15/00--01102--010

*****918.75 ****918.75*

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

21 SUNSET LANE

Suite, Apt. #, Etc.

City

LAKE PLACID

State
FL

Zip Code

33852-6832

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

Kenneth H. Davidson

Date *3-6-00*

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
<i>P/D</i>	<i>KENNETH H. DAVIDSON</i>	<i>21 SUNSET LANE</i>	<i>LAKE PLACID, FL 33852-6832</i>
<i>VP/D</i>	<i>CAROLYN ALIFF</i>	<i>48 GLORY DRIVE</i>	<i>LAKE PLACID, FL 33852-6832</i>
<i>D</i>	<i>WALDO K. ALIFF</i>	<i>48 GLORY DRIVE</i>	<i>LAKE PLACID, FL 33852-6832</i>
<i>T/D</i>	<i>JANET D. STEADHAM</i>	<i>35 SUNSET LANE</i>	<i>LAKE PLACID, FL 33852-6832</i>
<i>S</i>	<i>IDALENE FINK</i>	<i>12 VICTORY WAY</i>	<i>LAKE PLACID, FL 33852-6832</i>

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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 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:

KENNETH H. DAVIDSON
Kenneth H. Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

Daytime Phone #

(863) 699-2145

CR2E081 (9/99)