

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAY 10 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000005278**

1. Corporation Name

**Village at Lake Pointe
Homeowner's Association, Inc.**

2. Principal Office Address - No P.O. Box #

2217 Lake Pointe Circle

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 490112

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg, FL

Zip

34748

Country

USA

Zip

34749

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/2003

5. FEI Number

54-2115435

☐ 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

Steven Metheny

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

2217 Lake Pointe Circle

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

500234912495
05/10/12--01005--008 **245.00

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

Steven P. Metheny
REGISTERED AGENT MUST SIGN

Date **May 2, 2012**

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	Steven Metheny	2217 Lake Pointe Circle	Leesburg, FL 34748
Treasurer	Michael D. Lesch	350 Wankar Road C7	Leesburg, FL 34748
Secretary	Ted Silberstein	2216 Lake Pointe Cir.	Leesburg, FL 34748
			S. HAWKES
			MAY - 2012

10. E-mail Address: **Village at Lake Pointe@aol.com / methenys3@gmail.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 in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Steven P. Metheny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2012 352-217-0673

Date Daytime Phone #