

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 AUG -4 PM 12:40

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO4000000622**

1. Corporation Name
**The Estates of Lake St Charles
Homeowners Association, Inc**

300418418248
08/04/23--01009--016 ++175.00

2. Principal Office Address - No P.O. Box #
1326 Pleasantridge Place

3. Mailing Office Address
PO Box 1011

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

CR2E081 (11/10)

City & State
Orlando FL

City & State
60th A FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-0625776

Zip
32835

Zip
34734

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Cheryl Altemose - Altemose Community Mgmt

Street Address (P.O. Box Number is Not Acceptable)
1326 Pleasantridge Place

Suite, Apt. #, Etc.
N/A

08/04/23

City
Orlando

State
FL

Zip Code
32835

R. HUNT

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
[Signature]

Date **7/31/2023**

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	Raquel Rodriguez	1326 Pleasantridge Pl	Orlando FL 32835
VP	Jeffrey Odenkirk	1326 Pleasantridge Pl	Orlando FL 32835
T	Robert Smith Jr	1326 Pleasantridge Pl	Orlando FL 32835
M	Cheryl Altemose	1326 Pleasantridge Pl	Orlando FL 32835
REINSTATEMENT			

10. E-mail Address: **Cheryl@Altemosemgmt.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: *[Signature]* **Cheryl Altemose**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/31/2023** Daytime Phone # **4073715245**