

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 MAR 14 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000120116640
03/12/08--01034--011 **367.50

REINSTATEMENT 06-08^{ks}
CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04000001483

1. Corporation Name

Villas on Crescent Lake Homeowner's Association, Inc

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

1915 5th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

3. Mailing Office Address

1915 5th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/2004

5. FEI Number

203317046

☐ 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

Helen Dahlhauser

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

1915 5th Street N.

Suite, Apt. #, Etc.

City, State, Zip Code
St. Petersburg, FL

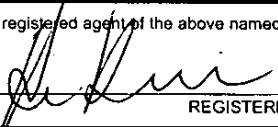
State
FL

Zip Code
33704

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date

3-6-08

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	Helen Dahlhauser	1915 5th Street N.	St. Petersburg, FL 33704

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen Dahlhauser

Date

3-6-08

Daytime Phone #