

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND5000005183

1. Corporation Name

Twelve Oaks Property Owners Association of Polk County, Inc.

800165320308
01/08/10--01026--005 **306.25

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 7122 Twelve Oaks Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, Florida		City & State	
Zip 33813	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 2005	
5. FEI Number 75-3213638	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Theresa Gallagher			
Street Address (P.O. Box Number is Not Acceptable) 7122 Twelve Oaks Drive			
Suite, Apt. #, Etc.			
City Lakeland	State FL	Zip Code 33813	

☒ 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 Theresa Gallagher Date 1-5-10
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	William Costine	7103 Twelve Oaks Drive	Lakeland, FL 33813
T	Theresa Gallagher	7122 Twelve Oaks Drive	Lakeland, FL 33813
S	Barbara Harrison	7121 Twelve Oaks Drive	Lakeland, FL 33813

10. E-mail Address: tgallagher@verizon.net

(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., 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.

SIGNATURE: Theresa Gallagher Date 1-5-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #