

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JAN 11 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200165747312  
01/11/10--01051--009 \*\*358.75

REINSTATEMENT

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05000008301

1. Corporation Name

KUMQUAT LANDING HOMEOWNERS ASSOCIATION, INC.

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

32507 Wesley Way

Suite, Apt. #, etc.

3. Mailing Office Address

32507 Wesley Way

Suite, Apt. #, etc.

City & State

Dade City

City & State

Dade City

Zip

33525

Country

USA

Zip

33525

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/2005

5. FEI Number

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

Sheada Madani, Esquire

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

37837 Meridian Avenue

Suite, Apt. #, Etc.

Suite 100

City

Dade City

State

FL

Zip Code

33525

☐ 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

*Sheada Madani*

Date 01/06/2010

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	Lester S. Pittman	32507 Wesley Way	Dade City, FL 33525

10. E-mail Address: usnretmike@embarqmail.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., 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:

*Lester S. Pittman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7 JAN 2010 (951) 217-6814