

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 30 AM 11:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO5000008518**

1. Corporation Name
**Regency PARK AT LAKE MARY Condominium
ASSOCIATION-INC.**

500184867905
08/30/10--01055--003 **210.00

2. Principal Office Address - No P.O. Box #
735 PRIMERA Blvd

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Ste 110

Suite, Apt. #, etc.

City & State
LAKE MARY FL

City & State

Zip
32746

Country
US

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida
8/18/2005

5. FEI Number
204292033

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
Premier Property management of Central Florida

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

Suite, Apt. #, Etc.
Ste 110

City
LAKE MARY

State
FL

Zip Code
32746

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 **Dencie N Halbeurt** Date **8/26/10**
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
Pres	Thomas Grimms	735 PRIMERA Blvd	LAKE MARY, FL 32746
V.P.	ANNA MARIA Feichtner	735 PRIMERA Blvd	LAKE MARY, FL 32746

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10. E-mail Address: **management@premiermgmtcfl.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: **[Signature]** Date **8/26/10**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #