

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC -7 AM 9:42

**DOCUMENT # N05000011000**

1. Corporation Name

Round Lake Chalets Property Owners Association, Inc.

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

7932 Sailboat Key Blvd

Suite, Apt. #, etc.

607

City & State

Saint Petersburg, FL

Zip

33707

Country

USA

3. Mailing Office Address

7932 Sailboat Key Blvd

Suite, Apt. #, etc.

607

City & State

Saint Petersburg, FL

Zip

33707

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2006

5. FEI Number

None

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

Ronald J. Kuhny

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

7932 Sailboat Key Blvd

Suite, Apt. #, Etc.

607

City

Saint Petersburg

State

FL

Zip Code

33707

☒ 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

*Ronald J. Kuhny*  
REGISTERED AGENT MUST SIGN

Date

11-19-09

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
D	Ronald J. Kuhny	7932 Sailboat Key Blvd #607	South Pasadena, FL 33707 11/25/09--01004--018 **253.75

10. E-mail Address:

(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:

*Ronald J. Kuhny*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-09 727-367-449

Daytime Phone