

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2010-2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000011527

1. Corporation Name

Blue Spring Lake Homeowner's Association, Inc.

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

2521 Stoneview Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

3. Mailing Office Address

2521 Stoneview Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32806

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2005

5. FEI Number

20-4235518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pat Glenn

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

2521 Stoneview Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

800300695978
06/23/17--01004--019 **\$65.00

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

Pat Glenn

REGISTERED AGENT MUST SIGN

Date

6/20/17

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	Pat Glenn	2521 Stoneview Road	Orlando, FL, 32806
D	James S. Glenn	2521 Stoneview Road	Orlando, FL, 32806
D	Matt Merdian	1703 Summerlin Ave.	Orlando, FL, 32806

10. E-mail Address: bkracht@krachtlawfirm.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Pat Glenn

Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/17

Date

321-663-5055

Daytime Phone #