

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
2010-2017



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 17 JUN 23 AM 9:44
 Secretary of State
 TALLAHASSEE, FLORIDA

DOCUMENT # N05000011527
 1. Corporation Name
 Blue Spring Lake Homeowner's Association, Inc.

2. Principal Office Address - No P.O. Box # 2521 Stoneview Road		3. Mailing Office Address 2521 Stoneview Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32806	Country USA	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

6. CERTIFICATE OF STATUS DESIRED
 NO

Applied For
 Not Applicable

\$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

800.300.695978
 06/23/17--01004--019 **565.00

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* Date 6/20/17

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
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 Date 6/20/17 321-663-5055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #