

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

10 JUL 13 AM 7:22

DOCUMENT # N05273

1. Corporation Name

Old Forest Lakes Association, Inc.

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

2907 Pony Lane

3. Mailing Office Address

2907 Pony Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34232-4435

Country

US

Zip

34232-4435

Country

US

4. Date Incorporated or Qualified

400182817704
07/01/10--01036--008 **367.50

REINSTATEMENT 07-10

To Do Business in Florida 09/21/1984

5. FEI Number

65-0094327

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

Robert W Lewis

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

2907 Pony Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232-4435

400182817704
07/13/10--01017--001 **61.25

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

Robert W. Lewis Robert W. Lewis

Date June 25, 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/S	Robert W. Lewis	2907 Pony Lane	Sarasota, Florida 34232
VP	Brad Wilson	3215 Pony Lane	Sarasota, Florida 34232
T	Alex Boswell	1914 Webber Street	Sarasota, Florida 34232
D	Liz Albiez	2920 Pony Lane	Sarasota, Florida 34232
D	Barbara Bartlett	3600 E Forest Lake Dr	Sarasota, Florida 34232
D	Larry Clamage	3707 W Forest Lake Dr	Sarasota, Florida 34232

10. E-mail Address: bobcat2907@verizon.net

(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:

Robert W. Lewis Robert W. Lewis

June 25, 2010 941-927-5442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #