

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 MAR 29 AM 11:06

DOCUMENT # N06000003664

1. Corporation Name

LAKE OLIVIA RESERVE HOMEOWNERS' ASSOCIATION, INC.

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

11241 Bridge House Road

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

3. Mailing Office Address

11241 Bridge House Road

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

Zip

34786

Country

800173447328
03/29/10--01064--026 ***420.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida 04/03/2006

5. FEI Number

☒ 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

Michael Brown

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

11241 Bridge House Road

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☐ 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

Michael L. Brown

REGISTERED AGENT MUST SIGN

Date 3/25/10

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
DP	BROWN, MICHAEL	11241 Bridge House Road	WINDERMERE, FL 34786
DV	BOYLAND, DORIAN	5002 MELLON COURT	WINDERMERE, FL 34786
DV	ANDERSON, DEREK	14270 WILLOW GROVE CIRCLE	LOUISVILLE, KY 40545

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:

Michael L. Brown Michael L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/10 407) 766-6144

Date

Daytime Phone #