

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000004096

1. Corporation Name

Lake Jean Homeowners' Association, Inc.

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

882 Jackson Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32789

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

April 2006

5. FEI Number

204701914

☐ 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

Brett M. Jordan

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

882 Jackson Avenue

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

700222168357  
02/16/12--01027--001 \*\*236.25

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

*Brett M. Jordan*  
REGISTERED AGENT MUST SIGN

Date 2/10/2012

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	Daniel Morris	882 Jackson Ave.	Winter Park, FL 32789
D	Raymond Synnhamon	882 Jackson Ave.	Winter Park, FL 32789
S/T	Seth Kelly	882 Jackson Ave.	Winter Park, FL 32789
			S. HAWKES
			FEB - 2012

10. E-mail Address: ckozak@smcccf.com

(To be used for future annual report notification)

EXAMINER

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.617.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2012 401-647-2122  
Date Daytime Phone #