

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 006000004793

1. Corporation Name

Lancelot at Winter Park
Condominium Association, Inc.

2. Principal Office Address

3651 Goldenrod Rd.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Office Address

P.O. BOX 6073

Suite, Apt. #, etc.

City & State

Winter Park, FLA

Zip

32793

Country

USA

REINSTATEMENT
CR2E081 (12/05)

07

4. Date Incorporated or Qualified
To Do Business in Florida

5/01/06

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

Richard E. Larsen

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

55 East Pine St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/24/07

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
Pres.	Juanita Rodriguez	3651 N. Goldenrod Rd. Apt B 201	Winter Park, FL 32792
Treas.	Louises Ramos	7906 Chedister Cir.	Orlando, FL 32817
Sec'y	Linda Ibanez	1714 St. Tropez Ct.	Kissimmee, FLA 34744
Dir.	Liliana Velasco	3651 N. Goldenrod Rd Winter Apt B 104	Winter Park, FL 32792
Dir.	Zhenyu Teng	4214 Fenrose Cir.	Melbourne, FLA 32940
09/27/07--01026--013 **236.25			

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Signature]

Linda Ibanez

Date

9-21-07

Daytime Phone #

407-924-8048