

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

13 DEC 11 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/11/13--01033--016 \*\*358.75

CR2B081 (11/10)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06000011171

1. Corporation Name

LAGOMAR SHORES HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 2180 WEST SR 434		3. Mailing Office Address 2180 WEST SR 434	
Suite, Apt. #, etc. SUITE 5000		Suite, Apt. #, etc. SUITE 5000	
City & State LONGWOOD FL		City & State LONGWOOD FL	
Zip 32779	Country USA	Zip 32779	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/25/2006	
5. FET Number 46-3951910	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name JAMES W. HART, JR.			
Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT, INC.			
Suite, Apt. #, Etc. 2180 WEST SR 434 SUITE 5000			
City LONGWOOD	State FL	Zip Code 32779	

DEC 12 2013

L. SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date 12-5-13

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- ESIDE	RUSSELL RICHARDSON	2180 WEST SR 434 SUITE 5000	LONGWOOD FL 32779
VP- PRESI	ROBERT J PARKER	2180 WEST SR 434 SUITE 5000	LONGWOOD FL 32779
Sec- RETA	DUFF DUMONEY	2180 WEST SR 434 SUITE 5000	LONGWOOD FL 32779

REINSTATEMENT 2011-2013

10. E-mail Address: INFORMATION@SENTRYMGT.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 807.0401 or 817.0401, 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/2013

Date Daytime Phone #