

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 MAR 15 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO7000011425

1. Corporation Name

LAKE ARNOLD RESERVE Homeowners
Associates, Inc.

REINSTATEMENT 2012

500228180625

02/28/12--01005--003 **236.25

CR2E081 (11/10)

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

1750 West Broadway Street

3. Mailing Office Address

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32765

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

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

Community Management Spec.

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

1750 West Broadway Street,

Suite, Apt. #, Etc

222

City

ORLANDO

State

FL

Zip Code

32765

MAR 15 2012

S. TONER

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]

Date

2/1/2012

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	Heidi Watt	838 Stratmore Drive	Orlando FL 32803
VP	David Rosen	886 Stratmore Dr.	Orlando FL 32803
TS	Jay Zerquera	891 Stratmore Dr.	Orlando FL 32803

10. E-mail Address: KEVIN @ CMSORLANDO.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 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 817.155, F.S.

SIGNATURE:

Heidi Watt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #