PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				TE	用配品圈 14 SEP 12 AH 8: 52	
DOCUMENT# NOBOOO011009 1. Corporation Name LINCOLN PARK OWNERS' ASSOCIATION, INC.					SECRETARY OF STATE NMLAHASSFE FECM的	
•	al Office Address - No P.O. Box # 50 SE 12 To V #, etc.	3. Mailing Office Addre	30 SE 124 Tex.		CR2E081 (11/10)	
City & State		City & State GIAINESVICE, FL Zip 32641 Country USA		To Do But DE C 5. FEI Numb	rporated or Qualified siness in Florida Er Applied For Not Applied For Not Applied For a Certificate of Status	
Name	7. Name and Address of Congress (P.O. Box Number is Not Acceptable 830 SE 12	FCurrent Registered Ages RAUN TER	nt	3: 09/1 3:	300264287033 09/12/1401023016 **\$9.50 300264287033 09/12/1401023015 **\$9.50 300264287033 09/12/1401023014 **178.50	
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 REGISTERED AGENT MUST SIGN Date Latt 13", 2014						
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 Officer and/or Di		City / State / Zip	
۵	LEONARD MACK, S	R 83/	SE /ath	Street	GAINESVILLE, FL 32641	
۵	Richard Rice	851	SE 124	TER	GAINESVALE, FL 32641-	
۵	J. W. SibpE	y 842	SE 12th	TER	GAINESVILLE, FL 32641	
				EP:1 2 2014 R. HUNT		
10. E-mail Address: GEORGE VM BRAUN & YA 100 . 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:						
LE ONARD B. MACK, DIRECTOR						