PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 29 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09214

1. Corporation Name

LAKE NALLY WOODS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2229 LAKE NALY WOODS DR. P. O. BOX 157 GOTHA FL 34734 US	2229 LAKE NALLY WOODS DR. P. O. BOX 157 GOTHA FL 34734 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/10/1985

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	~~LAFAY, MICHAEL~~ Crawford, Sandy	~~2227 LAKE NALLY WOODS DR~~ 2309 Farmwood Cir.	GOTHA FL 34734
TD	~~RIGHI, LINDA SUE~~ Hardy, Marlowe	~~2317 FARMWOOD CIR~~ 2325 Farmwood Cir.	GOTHA FL 34734
SD	~~PERRY, BLUE~~ LaFay, Jane	~~2243 LAKE NALLY WOODS DR~~ 2227 Lake Nally Woods Dr.	GOTHA FL 34734
			000005432070--0 -05/03/02--01007--008
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

RIGHI, LINDA SUE
2317 FARMWOOD CIR
GOTHA FL 34734

9. Name and Address of New Registered Agent

Name: Marlowe Hardy
Street Address (P.O. Box Number is Not Acceptable): 2325 Farmwood Cir.
Suite, Apt. #, Etc.:
City: Gotha | State: FL | Zip Code: 34734

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Marlowe Hardy
REGISTERED AGENT MUST SIGN
Date: 3-25-02

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., 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 under section 119.07(3)(i), 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 REQUIRED Sandy Crawford 3-25-02 407-445-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #