

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 19 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13177

1. Corporation Name

Long Lake Villas Homeowners Association Inc.

REINSTATEMENT
CR2E081 (10/08)

06-08

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

7407 Little Pond Ct.

3. Mailing Office Address

7407 Little Pond Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32810

Country

USA

Zip

32810

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 1/27/1986

5. FEI Number

59-2665231

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

Patricia Kapillas

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

7433 Covina Ct.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patricia Kapillas

Date 11/18/2008

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
Pres	Cheri Smelko	7407 Little Pond Ct.	Orlando, FL 32810
VP	Jennifer Brooks	7579 Groveoak Dr.	Orlando, FL 32810
Sec'y	Patricia Soto	7433 Covina Ct.	Orlando, FL 32810

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11/19/08-01034-019 **183.75

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:

Cheri Smelko

Cheri Smelko

11/18/2008

407-472-4086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #