PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N15096**

1. Corporation Name

SOMERSET LAKES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CHARLIE SCHMOOR ~~12270 84 WAY N~~ ~~LARGO FL 33773~~ US	~~12270 84TH WAY N~~ LARGO FL 33773 US

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. P.O Box 10132	Somerset Lakes Neighborhood Suite, Apt. #, etc. P.O. BOX 10132
City & State Largo, FL	City & State Largo, FL
Zip 33773-0132 Country Pinellas	Zip 33773-0132 Country Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 05/27/1986

5. FEI Number: 59-2684730 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DS	~~ISETT, KELLY~~ Bartz, Amy Beth	~~8020 PERTH DR~~ 12373 84th Way	LARGO FL 33773
DT	~~GARCIA, RENE T~~ Macaione, Marguerite	~~1023 85 ST. N~~ 8308 123RD AVE N	LARGO FL 33773
DVP	~~VAIDEN, FRANK~~ Cooper, Michael	~~8162 124 TERR. NORTH~~ 12101 Wild Acres	LARGO FL 33773
D	COLEMAN, RICHARD	8491 - 121ST AVE N	LARGO FL 33773
~~PD~~ D	BARZEN, WILLIAM	11845 - 84TH WAY N	LARGO FL 33773
~~DVP~~ P	MITCHELL, ALAN	121ST ST N	LARGO FL 33773

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHMORR, CHARLIE 8436 121 AVENUE NORTH LARGO FL 34643	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

CR2E040 (9/98)

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 Date 12/10/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 12-10-98 727-538-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARGUERITE B. MACAIONE