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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

REINSTATEMENT 87-00

DOCUMENT # N15756

1. Corporation Name
LAKE KIMBERLY VILLAGE ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
5332 Main Street	5332 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: US	Zip: 34652 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7-08-86

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ROLAND D. WALLER
Street Address (P.O. Box Number is Not Acceptable): 5332 Main Street
Suite, Apt. #, Etc.:
City: New Port Richey State: FL Zip Code: 34652

8. I being appointed the registered agent of the above named corporation have familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Roland D. Waller
REGISTERED AGENT MUST SIGN

Date: October 11, 2000

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	ROLAND D. WALLER	5332 Main Street	New Port Richey, FL 34652
Dir.	J. CHRIS SCHERER	5332 Main Street	New Port Richey, FL 34652
Dir.	BEVERLY R. BARNETT	5332 Main Street	New Port Richey, FL 34652

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 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.

AD

SIGNATURE: Roland D. Waller — October 11, 2000 — 727/847-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ROLAND D. WALLER
Account Number : I20000000068
Phone : (727)847-2288
Fax Number : (727)848-4183

CORPORATION REINSTATEMENT

LAKE KIMBERLY VILLAGE ASSOCIATION, INC.

Certificate of Status	0
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