PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAY -5 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16773

1. Corporation Name
LAKE Cane Hills ~~FAST~~ Addition Community Association, Incorporated
c/o Lizzoli; 5622 Clearview DR
Orlando, FLORIDA 32819

Principal Place of Business: ABOVE
Mailing Address:

REINSTATEMENT 93-97

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

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

4. Date Incorporated or Qualified To Do Business in Florida: 7-9-86

5. FEI Number: 59-3025423 ☐ 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
PRES.	NINA C. LIZZOLI	5622 Clearview DR	Orlando, Fla. 32819
V.P.	KERRY Chester	7116 WESTMAR DR.	Orlando, Fla 32819
Sec, TRES	Connie MIGLIARA	5606 S. RIDGE WAY DR.	Orlando, Fla 32819
DIR.	Len E. CARMELLA	5702 S. RIDGE WAY DR	Orlando, Fla 32819
DIR.	Jeff BUSCH	5719 Clearview DR	Orlando, Fla 32819
			DB 6-9-97

8. Name and Address of Current Registered Agent

KEVEN WOOSTER
5822 RIDGE WAY DR,
ORLANDO, Fla 32819

9. Name and Address of New Registered Agent

Name: NINA C. LIZZOLI
Street Address (P.O. Box Number is Not Acceptable): 5622 CLEARVIEW DR
Suite, Apt. #, Etc.: ORLANDO
City: ORLANDO State: FL Zip Code: 32819

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CR2E040 (12/96)

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: NINA C. LIZZOLI Nina C. Lizzoli Date: 4/28/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Nina C. Lizzoli 4/28/97 407-351-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NINA C. LIZZOLI