

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 JAN 23 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N16034**

1. Corporation Name

LAKE KILLARNEY CONDOMINIUM OF TALLAHASSEE, A CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

2417 Merrigan Place

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32309

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 90-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 7/24/1986

5. FEI Number  
592779298

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  
MARY F. KILFEATHER

600065563716

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

2417 MERRIGAN PLACE

02/10/06 01006 022 \*\*12 6.25

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309

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

Date

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
D	HADIA STINO	2413 Merrigan Place	Tallahassee, FL 32309
D	MICHAEL YATES	2419 Merrigan Place	Tallahassee, FL 32309
D	MARY F. KILFEATHER	2417 Merrigan Place	Tallahassee, FL 32309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/06

Daytime Phone #

893-1476