

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC 29 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16962

1. Corporation Name
Twin Lakes Condominium
No. one Owners' Association, Inc.

149 N. Golf Harbor Path

2. Principal Office Address
~~P.O. Box 2143~~

Suite, Apt. #, etc.

City & State
Inverness, FL

Zip
34450

Country
USA

3. Mailing Office Address
P.O. Box 2143

Suite, Apt. #, etc.

City & State
Inverness, FL

Zip
34451

Country
USA

700082647267
12/19/06--01056--002 **1224.75

700082647267
01/04/07--01040--012 **51.25

4. Date Incorporated or Qualified
To Do Business in Florida September 23, 1986

5. FEI Number ☒ 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 Jane Jarlenski

Street Address (P.O. Box Number is Not Acceptable)
149 N. Golf Harbor Path

Suite, Apt. #, Etc.

City Inverness

700082647267
12/19/06--01056--003 **3.00
FL 34450

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 Jane J. Jarlenski
REGISTERED AGENT MUST SIGN

Date 12/9/06

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 |
|--------|-----------------------------------|--|------------------------|
| P | Colleen Falabella | 9707 E Goldfinch Lane | Inverness, FL 34450 |
| VP | Dave Pozorski | 7765 E Goldfinch Lane | Inverness, FL 34450 |
| S | Lola Wasson | 7708 S Shore Acres Pt | Florida City, FL 34436 |
| T | Anna DiPlesco | 7365 E Pebble Creek Ct. | Inverness, FL 34450 |
| D | Leslie Piper | 9723 E Goldfinch Lane | Inverness, FL 34450 |
| | | | |

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:

David L. Pozorski David Pozorski 12/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-637-9503