

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

DOCUMENT # N18202

1. Corporation Name

LANDFAIR HOMEOWNERS ASSOCIATION, INC.

98 APR 21 PM 12: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1732 N.E. 25th Avenue  
Ocala, FL 34470

P.O. Box 4230  
Ocala, FL 34470

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
1460 Brickell Ave.

3. New Mailing Address, If Applicable  
1460 Brickell Ave.

4. Date Incorporated or Qualified  
To Do Business in Florida

12-11-86

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

5. FEI Number

59-2824137

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)

700002497117--1

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
P/D	Agustin Dominguez	1460 Brickell Ave. Suite 309	Miami, Florida 33131
VP/S/D	Eugenia Anderson	1460 Brickell Ave. Suite 309	Miami, Florida 33131
D	Russell Sibley, Jr.	1460 Brickell Ave. Suite 309	Miami, Florida 33131

REINSTATEMENT

95-98  
4/2/98

8. Name and Address of Current Registered Agent

Charles Demenzes  
2011 N.E. 12th Place  
Ocala, Florida 34470

9. Name and Address of New Registered Agent

Name  
Lynn C. Washington  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Holland & Knight LLP  
701 Brickell Avenue  
Suite, Apt. #, Etc.  
Suite 3100  
City  
Miami  
State  
FL  
Zip Code  
33131

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

*Lynn C. Washington*

LYNN C. WASHINGTON

Date 4-20-98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Lynn C. Washington* Vice President

4-20-98 (305) 374-5503

CR2E040 (12/95)