

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N19300**

1. Corporation Name  
**Pickett Downs Unit II Homeowner's Association, Inc**

**FILED**  
97 MAY 12 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2420 Wassum Trail Chuluota, FL 32766 (same)**

**REINSTATEMENT 88-97**

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		4. Date Incorporated or Qualified To Do Business in Florida <b>2/18/87</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Lichtenthal, Jim	2420 Wassum Trail Chuluota, FL 32766	Chuluota, FL 32766
D	Williams, Bruce	2401 Wassum Trail	Chuluota, FL 32766
STD	Wilson, Stacy	2701 Wassum Trail	Chuluota, FL 32766

600002184096--6  
-05/19/97--01190--016  
\*\*\*\*796.25 \*\*\*\*796.25  
5-15

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
		Name <b>James D. Lichtenthal</b>		
		Street Address (P.O. Box Number is Not Acceptable) <b>2420 Wassum Trail</b>		
		Suite, Apt. #, Etc.		
		City <b>Chuluota</b>	State <b>FL</b>	Zip Code <b>32766</b>

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 **James D. Lichtenthal** Date **5/09/97**  
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: **James D. Lichtenthal** Date **5/09/97** Daytime Phone # **407.366.3169**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)