

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 #

A20786

1. Corporation Name

CROOKED LAKE TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**c/o Jon Radnothy
2709 Regal Point
Eustis, FL 32726**

Mailing Address

**c/o Melanie Blankenship
1748 Lake Terrace Drive
Eustis, FL 32726**

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

05/22/1987

5. FEI Number

59-2981250

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**\$6.75 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)

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	Jon Radnothy	2709 Regal Point	Eustis, FL 32726
STD	Melanie Blankenship	1748 Lake Terrace Drive	Eustis, FL 32726
VD	Patrick Wilson	1745 Lake Terrace Drive	Eustis, FL 32726
D	Scott Worrell	1838 Lake Terrace Drive	Eustis, FL 32726
D	Skip West	1840 Lake Terrace Drive	Eustis, FL 32726

8. Name and Address of Current Registered Agent

**Larry Semento
P.O. Box 680
Eustis, FL 32727**

9. Name and Address of New Registered Agent

Name

Lawrence J. Semento

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

531 North Bay Street

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

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

REGISTERED AGENT MUST SIGN

Date

8/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Melanie Blankenship
MELANIE BLANKENSHIP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-98
Date

352-483-5880
Daytime Phone #