PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 MAR 23 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25995

1. Corporation Name
Northlake Village VIII Condominium Association, Inc

000199121200
03/23/11--01028--002 **235.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
225 S Westmonte Dr	PO Box 162147
Suite, Apt. #, etc. #3310	Suite, Apt. #, etc.
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip / Country 32714 / USA	Zip / Country 32716 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/20/88

5. FEI Number: 59-2888636 ☐ 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: Ellen R Womack
Street Address (P.O. Box Number is Not Acceptable): 225 S Westmonte Dr
Suite, Apt. #, Etc.: Suite #3310
City: Altamonte Springs | State: FL | Zip Code: 32714

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: Ellen R Womack Date: 3/18/11
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
P	Mendoza, Sharon	PO Box 162147	Altamonte Springs, FL 32716
V	Van Kleeck, Sandra	PO Box 162147	Altamonte Springs, FL 32716
ST	Lewis, Laurie	PO Box 162147	Altamonte Springs, FL 32716
	REINSTATEMENT		RH

10. E-mail Address: lfrazier@vista-cam.com
(To be used for future annual report notification)

11. 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. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ellen R. Womack 3/18/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #