

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 # **N26425**

1. Corporation Name

LUT 32, Block 281, Unit 13 Homeowners Assn, Inc.
5511 MATANZAS DR.
SEBRING, FL 33872

Principal Place of Business

Mailing Address

5511 MATANZAS DR

460 O. ELMORE

SEBRING, FL 33872

3107 MONZA DR

SEBRING, FL 33872

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

FILED

97 JUL 25 PM 12:41

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 92-97

4. Date Incorporated or Qualified
To Do Business in Florida

5-13-88

5. FEI Number

59-292-7840

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)

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
PO	WALTER PIETSCH	5507 MATANZAS DR.	SEBRING, FL, 33872
U,D	MANLY, GUARASCIO	61 CAMINO DEL RECENT	TORONTO, CANADA M6W 2L4
STD	GARRE HOPKINS, JR	5511 MATANZAS PL	SEBRING FL 33872
			300002253833--2
			-07/30/97--01134--003
			*****51.25 *****51.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

B. ELMORE

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

3107 MONZA DR

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33872

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 **7/24/97**

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:

WALTER C. PIETSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-23-97

Daytime Phone #

941-471-0883

CR2E040 (12/96)