

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N26543

1. Corporation Name

Lake Valentine Condominium Association Inc.

2. Principal Office Address

2630 SpringgGlen Rd

Suite, Apt. #, etc.

City & State

Jax FL 32207

Zip

32207

Country

Duval

3. Mailing Office Address

4339 Eagle Nest Road

Suite, Apt. #, etc.

City & State

Jax FL 32246

Zip

32246

Country

Duval

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/23/1988

5. FEI Number

59-3019210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Bruce B. Warren

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

4339 Eagle Nest Road

Suite, Apt. #, Etc.

City

Jax

State
FL

Zip Code

32246

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

REGISTERED AGENT MUST SIGN

Date 10/30/02

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
PD	Bruce B. Warren	4339 Eagle Nest Road	Jax FL 32246
VD	Nedra Warren	5903 Saxony Woods Lane	Jax FL 32211
STD	Cary Ward	2630 Spring Glen Road	Jax FL 32207

10. 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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02 904-713-2378

Date

Daytime Phone #

CR2081 (9/01)