

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 APR 23 PM 12:28

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26543

1. Corporation Name

Lake Valentine Condominium Association, Inc.

REINSTATEMENT 03-04

300033588243

01/22/04--01060--014 **306.25

2. Principal Office Address

2630 Spring Glen Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

659 Kilchurn Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32207

Zip

32207

Country

Duval

City & State

Orange Park, FL 32073

Zip

32073

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/96

5. FEI Number

EA-3019210

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

Mike Chapman

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

659 Kilchurn Dr.

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date

4-18-04

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
D/S	Jessica Murray	9654 Meadow Woods Ln	Dayton, OH 45458
V/D	Todd Murray	9654 Meadow Woods Ln.	Dayton, OH 45458
D	Mike Chapman	659 Kilchurn Dr	Orange Park, FL 32073

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 807 or 817, 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 807.0401 or 817.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

937-478-7387

Daytime Phone #

CR20061 (10/02)