

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 19 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27773

1. Corporation Name

The Reserve at Lake Tarpon
Community Association, Inc.

2. Principal Office Address - No P.O. Box #

3874 Talah Drive

3. Mailing Office Address

PO Box 972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Oldsmar FL

Zip

34684

Country

Zip

34677

Country

REINSTATEMENT

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

August 1, 1988

5. FEI Number

59 2925 191

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

Joan R. Godwin

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

3874 Talah Drive

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

400212306994
09/19/11--01051--021 **236.25

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

Joan R. Godwin

REGISTERED AGENT MUST SIGN

Date 9/10/11

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	Joan R. Godwin	3874 Talah Drive Palm Harbor	Palm Harbor FL 34684
T	Cindy Scott	3873 Talah Drive	Palm Harbor FL 34684
S	Ken Fraiser	3825 Talah Drive	Palm Harbor FL 34684
V	Wolfgang Kupka	3909 Tarian Court	Palm Harbor FL 34684
B			

10. E-mail Address: Joan G @ I J . Net

(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:

Joan R. Godwin

9/10/11

727-418-7601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #