

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 17 PM 4:12

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # *N30918*

1. Corporation Name

Lakemont Owners Association INC.

2. Principal Office Address

2887 Dickie Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 551423

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

U.S.A.

Zip

32255-1423

Country

U.S.A.

REINSTATEMENT *00-06*

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1989

5. FEI Number

59-2966510

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

Christopher B. Bullington

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

2887 Dickie Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

Christopher B. Bullington

REGISTERED AGENT MUST SIGN

Date

3/14/06

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
<i>D/P/T</i>	<i>Christopher B. Bullington</i>	<i>2887 Dickie Court</i>	<i>Jacksonville, FL 32216</i>
<i>D/V</i>	<i>Charles H. Lowe</i>	<i>2870 Dickie Court</i>	<i>Jacksonville, FL 32216</i>
<i>D/S</i>	<i>Rebecca L. Winship</i>	<i>2886 Dickie Court</i>	<i>Jacksonville, FL 32216</i>

200069955992
04/10/06--01059--002 **\$12.50

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:

Christopher B. Bullington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

904-874-9495

Daytime Phone #