

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

FILED  
 03 OCT 27 PM 2:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N36500**

1. Corporation Name

**ENCHANTED GROVE MOBILE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5137 N SCENIC HWY  
 LOT 32  
 LAKE WALES FL 33859  
 US

5137 N SCENIC HWY  
 LOT 32  
 LAKE WALES FL 33859  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 63

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/01/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3040746

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	WILSON, ALLISON	5137 N SCENIC HWY LOT 32	LAKE WALES FL 33859
VPD	COULOMBE, RICHARD	5137 N SCENIC HWY LOT 32	LAKE WALES FL 33859
<del>MGRM</del> STB	<del>GERHKE, DEBRA</del> Gina Brough	5137 N SCENIC HWY LOT <del>15</del> 30	LAKE WALES FL 33859
MGRM	<del>LAMBERT, GARY</del> Teresa McLaughlin	5137 N SCENIC HWY LOT <del>38</del> 33	LAKE WALES FL 33859
MGRM	<del>BERGREN, KEN</del> Ken Bergren	5137 N SCENIC HWY LOT 25	LAKE WALES FL 33859

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, ALLISON. 5137 SCENIC HWY LOT 32 LAKE WALES FL 33859	Name	<i>[Signature]</i>	
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.	500023854795	
	City	10/16/03--01045--009	#236 25
	State	FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Allison Wilson*  
 REGISTERED AGENT MUST SIGN

Date 10/10/03

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., 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:

*Allison Wilson* Allison Wilson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/07 (863) 439-2745

CR2E040 (7/03)