

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39052

1. Corporation Name

JOHIO BAY HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address

2510 JOHIO SHORES ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2510 JOHIO SHORES ROAD

Suite, Apt. #, etc.

City & State

OCFEE, FLORIDA

Zip

34761

Country

USA

City & State

OCFEE, FLORIDA

Zip

34761

Country

USA

REINSTATEMENT 95-05

4. Date Incorporated or Qualified
To Do Business in Florida

7-12-90

5. FEI Number

59-3131761

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

RANDY HILLMAN

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

707 MABETTE ST

Suite, Apt. #, Etc.

201

City

KISSIMMEE

600054291666

05/11/05--01057--015 **848 25

State

FL

Zip Code

34741

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

Randy Hillman

Date 4-18-05

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 |
|--------|--------------------------------------|---|--------------------|
| P | KEN LASSETER | 2510 JOHIO SHORES RD | OCFEE, FL 34761 |
| B | SOCRATES PEREZ | 2412 JOHIO BAY DRIVE | OCFEE, FL 34761 |
| S | DAVID SWISHER | 2432 JOHIO BAY DRIVE | OCFEE, FL 34761 |
| T | ROY PRESSEY | 2425 JOHIO BAY DRIVE | OCFEE, FL 34761 |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH M. LASSETER

04-21-05

Date

407-841-4540

Daytime Phone #

CR2E081 (01/05)

P = PRESIDENT B = BOARD MEMBER S = SECRETARY T = TREASURER