

APPLICATION
FOR
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JUN 23 PM 3:48

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N39626

1. Corporation Name

Shoppes of Island Lake Center Owners Association, Inc.

Principal Place of Business

 1060 State Road 434
 Suite 164
 Longwood, FL 32750

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
1555 Howell Branch Rd.3. New Mailing Address, if Applicable
1555 Howell Branch Rd.4. Date Incorporated or Qualified
To Do Business in Florida

8/22/90

Suite, Apt. #, etc.
Suite C-208Suite, Apt. #, etc.
Suite C-208

5. FEI Number

59-3030506

Applied For

Not Applicable

City & State
Winter Park, FLCity & State
Winter Park, FL

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 (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
P, D	Roger Kellogg	1555 Howell Branch Rd. #C-208	Winter Park, FL 32789
D	John Mitchell	2699 Lee Rd. #405	Winter Park, FL 32789
D	Bonnie Mitchell	2699 Lee Rd. #405	Winter Park, FL 32789

8. Name and Address of Current Registered Agent

 Robert B. Schumaker
 1060 State Road 434, Suite 160
 Longwood, FL 32750

9. Name and Address of New Registered Agent

 Name Roger Kellogg
 Street Address (P.O. Box Number is Not Acceptable)
 1555 Howell Branch Road
 Suite, Apt. #, Etc.
 Suite C-208
 City Winter Park State FL Zip Code 32789

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

 11. Does this corporation pay any intangible tax to the
 Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

Daytime Phone #