

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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-208

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

5. FEI Number 59-3030506  
Applied For Not Applicable

City & State  
Winter Park, FL

City & State  
Winter Park, FL

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

**REINSTATEMENT 93-00**

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/21/00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/21/00 Daytime Phone # 407-644-2212

CR2E040 (12/95)