

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

98 JUL 20 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N39701

1. Corporation Name  
**SOUTHLAKE COMMUNITY FOUNDATION, INC.,**  
a Florida nonprofit corporation

Principal Place of Business  
800 US Highway 27  
Clermont, Florida 34711

Mailing Address  
800 US Highway 27  
Clermont, Florida 34711

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

2. New Principal Office Address, If Applicable  
**734 Avenida Cuarta,**  
Suite, Apt. #, etc.  
**101**  
City & State  
**Clermont, FL 34711**  
Zip **34711** Country **U.S.**

3. New Mailing Office Address, If Applicable  
**734 Avenida Cuarta,**  
Suite, Apt. #, etc.  
**101**  
City & State  
**Clermont, FL 34711**  
Zip **34711** Country **U.S.**

4. Date Incorporated or Qualified  
To Do Business in Florida  
**August 27, 1990**

5. FEI Number  
**59-3033705**

Applied For  
Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres./D	Jeffrey Cagan	3856 Oakton	Skokie, IL 60076
Vice Pres./D	Thomas J. Murphy	c/o The Travel Store 19535 Gulf Blvd., Suite A	Indian Shores, FL 33785
Sec./D	Andrea K. Zimmermann	734 Avenida Cuarta, #101	Clermont, FL 34711
Treas./D	Dr. Ian Jasenof	c/o Cagan Management 3856 Oakton	Skokie, IL 60076
			300002598163-7 -07/24/98--01091-007 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

**Robert L. Chapman, II**  
800 U.S. Highway 27  
Clermont, Florida 34711 US

9. Name and Address of New Registered Agent

Name  
**William J. Deas, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**William J. Deas, P.A.**  
Suite, Apt. #, Etc.  
**2215 River Boulevard**  
City  
**Jacksonville,**

State  
**FL**

Zip Code  
**32204**

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 **7/13/98**

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

(See other side for information  
on intangible tax.)

12. 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:

*Andrea Zimmermann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/98** (352) 242-0555  
Date Daytime Phone #