

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 FEB 20 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N41955**

**1. Corporation Name**

Places North Homeowners Association Inc  
4732 Highway 98 N  
Lakeland) FL 33809

**2. Principal Office Address**

4732 Highway 98 N Lakeland) FL

Suite, Apt. #, etc.

City & State

Lakeland) FL 33809

Zip

33809

Country

USA

**3. Mailing Office Address**

4732 Highway 98 N  
Lakeland) FL 33809

Suite, Apt. #, etc.

City & State

Lakeland) FL 33809

Zip

33809

Country

USA

**REINSTATEMENT**

**4101**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/01/1991

**5. FEI Number**

593049559

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

Wayne Crawford, JR.

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

4732 Hwy 98 N Lakeland, FL

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

**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

Wayne Crawford, Jr.

REGISTERED AGENT MUST SIGN

Date 2-16-01

**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

D

Shirley Crawford

4732 Hwy 98 N

Lakeland, FL 33809

P

Trina Kingery

4732 Hwy 98 N

Lakeland, FL 33809

D

Wayne Crawford, JR

4732 Hwy 98 N

Lakeland, FL 33809

LS

**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:**

Wayne Crawford, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date

863-859-6700

Daytime Phone #

CR2E081 (9/00)