

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42870

1. Corporation Name

LUCERNE PARK HOMEOWNERS ASSO

300171547553  
03/03/10--01001--001 \*\*\$1.25

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

391/2 AZALEA DR

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33881

Country

POLK

3. Mailing Office Address

37 AZALEA DR

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33881

Country

POLK

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

JEANINE LABBE

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

37 AZALEA DR

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Jeanine Labbe*

REGISTERED AGENT MUST SIGN

Date 3/4/10

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
PRES	MIICHAEL THOMPSON	34 AZALEA DR	WINTER HAVEN FL 33881
VP	WILLIAM GETZ	72 HIBISCUS DR	WINTER HAVEN FL 33881
TREA	PATRICIA CORNING	12 GARDENIA DR	WINTER HAVEN FL 33881
DIR	BOB COSSELMON	96 LAKE SMART	WINTER HAVEN FL 33881
DIR	LEO PESTA	128 IXORA DR	WINTER HAVEN FL 33881
DIR	JAMES SANKOVITCH	9 GARDENIA DR	WINTER HAVEN FL 33881

10. E-mail Address: BOOLABBE@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify 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:

*Jeanine Labbe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04 MAR 10 963661577

Daytime Phone #