

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N47143**

1. Corporation Name

LAKE YALE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

L.Y.E.H. ASSOCIATION
38141 MAYWOOD BAY DRIVE
LEESBURG FL 34788
US

L.Y.E.H. ASSOCIATION
38141 MAYWOOD BAY DRIVE
LEESBURG FL 34788
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

02/07/1992

5. FEI Number

NOT APPLICABLE

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)

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
T	KANE, CAMILLE J.	37907 MAYWOOD BAY DR.	LEESBURG FL
D	SEIFERT, JOHN	11908 SUSSEX HILL WAY	LEESBURG FL
S	GERWIG, SHIRLEY	11843 METCALF WAY	LEESBURG FL
V	JONES, GEORGE	38100 MAYWOOD BAY DR	LEESBURG FL
D	HARVEY, GEORGE	38130 MAYWOOD BAY DR.	LEESBURG FL
D	VARADY, RUSSEL	11830 SUSSEX HILL WAY	LEESBURG, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, GEORGE
38100 MAYWOOD BAY DR.
LEESBURG FL 34788

Name

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

600002721766--4

Suite, Apt. #, Etc.

-12/24/98-01035-004

City

***174.00

State

Zip Code

FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

600002721766--4

Date -12/24/98-01035-005

***62.25 ***62.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98

Date

352-357-5241

Daytime Phone #

FILED

98 DEC 21 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/98)