

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN -2 PM 2:22

RECORDS OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N50540

1. Corporation Name

FRIENDS OF LAKE APOPKA, INCORPORATED

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

14908 Tilden Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 770355

Suite, Apt. #, etc.

City & State

Winter Garden

City & State

Winter Garden, FL

Zip

FL 34787

Country

US

Zip

34777-0355

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/92

5. FEI Number

59-3174282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES MILTON THOMAS

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

14908 TILDEN ROAD

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

☐ 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

*James Milton Thomas*

REGISTERED AGENT MUST SIGN

Date 12/18/07

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
P/D	RAMONA PHIPPS	P.O. Box 555	Oakland, FL 34760
VP/D	JAMES M. THOMAS	14908 Tilden Road	Winter Garden, FL 34787
T/D	FRANK MERRITT	P.O. Box 704	Oakland, FL 34760
S/D	JOHN DEANE	P.O. Box 770355	Winter Garden, FL 34777
			12/25/07--01038--016 **420.00

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 contained in Chapter 119, 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:

*Ramona Phipps*

RAMONA PHIPPS, P/D

12/18/07

(407) 656-8277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #