

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -5 PM 3:45

DOCUMENT # N93000003375

1. Corporation Name

KESHISHIAN SUBDIVISION COMMUNITY ASSOCIATION, INC.

2. Principal Office Address

7404 KESHISHIAN CT

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33809

Country

3. Mailing Office Address

7404 KESHISHIAN CT

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33809

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

**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

CHARLES P. CHRITTON

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

225 E. LEMON ST.

Suite, Apt. #, Etc.

SUITE 351

City

LAKELAND

State

FL

Zip Code

33801

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

Charles P. Chritton
REGISTERED AGENT MUST SIGN

Date

3/30/06

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	HAROUT G. KESHISHIAN	7404 KESHISHIAN CT	LAKELAND, FL 33809
S	JODY SPARKS	7324 KESHISHIAN CT	LAKELAND, FL 33809
T	DAVID BAUGHMAN	7325 KESHISHIAN CT	LAKELAND, FL 33809

500070463245
04/14/06--01056--006 **358.75

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:

Harout G. Keshishian

Harout G. Keshishian

3/30/06

(863) 529-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #