

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004132

**1. Corporation Name**

Tuckaway Lakes Homeowners Association, Inc.

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

1978 Rockledge Blvd.

Suite, Apt. #, etc.

Suite 106

City & State

Rockledge, Florida

Zip

32955

Country

**3. Mailing Office Address**

1978 Rockledge Blvd

Suite, Apt. #, etc.

Suite 106

City & State

Rockledge, Florida

Zip

32955

Country

**7. Name and Address of Current Registered Agent**

Name

Advanced Property Management

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

1978 Rockledge Blvd.

Suite, Apt. #, Etc.

Suite 106

City

Rockledge

State

FL

Zip Code

32955

**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

*Vance Moore*

REGISTERED AGENT MUST SIGN

Date

1-10-08

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PD     | Lucht, Bererly                       | 3440 Brahman Ave                                  | Rockledge, Fl. 32955 |
| VPD    | Seick, Bruce                         | 3451 Brahman Ave                                  | Rockledge, Fl. 32955 |
| TD     | Faulkner, Theresa                    | 3672 McLean Ave.                                  | Rockledge, Fl. 32955 |
| SD     | DUFFY, Megan                         | 3400 Brahman Ave.                                 | Rockledge, Fl. 32955 |
| D      | Stanifer, Nancy                      | 3430 Brahman Ave.                                 | Rockledge, Fl. 32955 |

**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:

*Bereryl L Lucht / Bereryl L Lucht*

Date

2-10-08

Daytime Phone #

FILED

2008 FEB -4 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700118074127  
02/14/08--01045--017 \*\*358.75

REINSTATEMENT  
CR2E081 (12/07)

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

**5. FEI Number**  
59-3204287

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.