PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001301

1. Corporation Name

TANGERINE TRAILS NORTH HOMEOWNERS ASSOCIATION IN C.

Principal Place of Business	Mailing Address
STEPHEN FISHER 7967 BENJAMIN DR LAKELAND FL 33810 US	STEPHEN FISHER 7967 BENJAMIN DR LAKELAND FL 33810 US

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

REINSTATEMENT 2001

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Douglas Lindsay	Douglas Lindsay
Suite, Apt. #, etc.: 8037 Kaitlin Circle	Suite, Apt. #, etc.: 8037 Kaitlin Circle
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33810-5147 Country: USA	Zip: 33810-5147 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/11/1994

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)

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-11/21/01--01089--002
*****61.25 *****61.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	~~FISHER, STEPHEN~~ Lindsay, Douglas	~~7967 BENJAMIN DR~~ 8037 Kaitlin Circle	LAKELAND FL 33810
VD	~~DOUGLAS, LINSAY~~ Asher, Robert	~~8037 KAITLIN CIR.~~ 7947 Benjamin Drive	LAKELAND FL 33810
SD	CANDACE, EICK	7951 BENJAMIN DR.	LAKELAND FL 33810
TD	MURPHY, THOMAS	~~8058 BENJAMIN DR.~~ 8053 Kaitlin Circle	LAKELAND FL 33810 LS
D	MIKOLON, MARK	8015 KAITLIN CIR.	LAKELAND FL 33810
D	~~SCHULZ, REX~~ Schultz, Rex	7963 BENJAMIN DR	LAKELAND FL 33810

8. Name and Address of Current Registered Agent

FISHER, STEPHEN
7967 BENJAMIN DR
LAKELAND FL 33810

9. Name and Address of New Registered Agent

Name: Lindsay, Douglas
Street Address (P.O. Box Number is Not Acceptable): 8037 Kaitlin Circle
Suite, Apt. #, Etc.:
City: Lakeland State: FL Zip Code: 33810-5147

CR2E040 (8/01)

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.

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****175.00 ****175.00

Signature of Registered Agent: Douglas Lindsay SIGNATURE REQUIRED — Date: 10/24/01
REGISTERED AGENT MUST SIGN

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 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: Douglas Lindsay SIGNATURE REQUIRED Douglas R. Lindsay 10/24/01 (863)687-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #