

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV -4 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N94000001853

1. Corporation Name LOOKOUT PLACE HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2910 W. Lake Mary Blvd.
Lake Mary, FL 32746

P. O. Box 950370
Lake Mary, FL 32975

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

2. New Principal Office Address, If Applicable
707 Del Webb Blvd.

3. New Mailing Office Address, If Applicable
P. O. Box 5869

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sun City Center, FL

City & State

Sun City Center, FL

Zip 33573

Country

U.S.A.

Zip 33571

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

April 14, 1994

5. FEI Number

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	Roxanne GERRY	129 Lookout Drive	Apollo Beach, FL 33572
D	Mike WORLEY	134 Lookout Drive	Apollo Beach, FL 33572
D	Fernando NOLLASCO	317 Lakeway Lane	Apollo Beach, FL 33572
D	Ronnie BENNETT	316 Lakeway Lane	Apollo Beach, FL 33572
D	Tim SMITH	143 Lookout Drive	Apollo Beach, FL 33572

REINSTATEMENT

8. Name and Address of Current Registered Agent

Stephen BAKER
2910 W. Lake Mary Blvd.
Lake Mary, FL 33746

9. Name and Address of New Registered Agent

Name
Terrence F. PYLE
Street Address (P.O. Box Number is Not Acceptable)
707 Del Webb Blvd. West
Suite, Apt. #, Etc.

City
Sun City Center

State
FL

Zip Code
33573

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

Terrence F. Pyle

REGISTERED AGENT MUST SIGN

Date 11-2-98

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:

Roxanne M. Gerry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roxanne GERRY, Director

11-2-98

Date

(813) 634-3361

Daytime Phone #

CR2040 (1993)

Form **SS-4**(Rev. February 1988)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

LOOKOUT PLACE HOMEOWNERS ASSOCIATION, INC.

2 Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)

Post Office Box 5869

5a Business address (if different from address on lines 4a and 4b)

707 Del Webb Blvd. West

4b City, state, and ZIP code

Sun City Center, Florida 33571

5b City, state, and ZIP code

Sun City Center, Florida 33573

6 County and state where principal business is located

Hillsborough County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

Roxanne Gerry

8a Type of entity. (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☒ Other nonprofit organization (specify) ► Homeowners (enter GEN if applicable)☐ Other (specify) ► Association☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)☐ Started new business (specify type) ►☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☒ Other (specify) ► Took over from**10** Date business started or acquired (month, day, year) (see instructions)

April 14, 1994

11 Closing month of accounting year (see instructions)

December developer

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► Not Applicable**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► Homeowners Association**15** Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ►☐ Yes☒ No**16** To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c. Not to our knowledge

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(813) 634-3361

Fax telephone number (include area code)

(813) 634-4099

Name and title (Please type or print clearly.) ► Roxanne Gerry, Director

Signature ►

Roxanne M. Gerry

Date ►

11-02-98

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying