

W 03000/037138

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005265

## 1. Corporation Name

YEARLING TRACE PROPERTY OWNERS ASSOCIATION,  
INC.

REINSTATEMENT 96-03

600025311966

12/08/03--01014--003 \*\*665.00

## 2. Principal Office Address

420 HOWARD AVENUE

Suite, Apt. #, etc.

## 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

LAKELAND, FLORIDA

City &amp; State

Zip

33815

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/1994

5. FEI Number 27-0073358  
~~PENDING~~☒ Applied For  
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

PETER J. MUNSON

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

1501 SOUTH FLORIDA AVENUE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33803

## 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

REGISTERED AGENT MUST SIGN

Date

12/5/03

## 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
PD	E KALE ALBRITTON	420 HOWARD AVENUE	LAKELAND, FL 33815
STD	SUE P ALBRITTON	420 HOWARD AVENUE	LAKELAND, FL 33815
VD	WILLIAM E EVANS	420 HOWARD AVENUE	LAKELAND, FL 33815
VD	JULIE P EVANS	420 HOWARD AVENUE	LAKELAND, FL 33815

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 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:

E. Kale Albritton

E KALE ALBRITTON, P/D

Date

Daytime Phone #

(863)686-7653

CR2001 (10/02)

TR