

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/02--01048--014
****183.75 ****183.75

REINSTATEMENT 00-02

DOCUMENT # N95000002139

1. Corporation Name

LAKE MANN ESTATES HOMEOWNERS ASSOCIATION,
INC.

2. Principal Office Address

Mount Olive A.M.E. Church 3464 Domi-Fitz Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL 32805

City & State

Orlando FL 32805

Zip

32805

Country

USA

Zip

32805

Country

USA

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

05/04/1995

5. FEI Number

59-3458082

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

Charlie J. Salter

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

3464 Domi-Fitz Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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**

Charlie J. Salter

Date

04/23/02

REGISTERED AGENT MUST SIGN

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
DP	Salter, Charlie J	3464 Domi-Fitz Court	Orlando FL 32805
DVP	Williams, Willie	3367 Fitzgerald Drive	Orlando FL 32805
DVP	Patterson, Elyard	3308 Church Street	Orlando FL 32805
DS	Baldwin, Inell	3366 South Street	Orlando FL 32805
DT	Goodman, Ernest	3400 Church Street	Orlando FL 32805
T	Jenkins, Iris	3209 Waller Place	Orlando FL 32805

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:

Ernest C. Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/23/02

Daytime Phone #

(407) 293-0063

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 17, 2002

GREAT ASIA INC.
5990 N. FEDERAL HWY.
BOCA RATON, FL 33487

SUBJECT: GREAT ASIA INC.
Ref. Number: P94000031498

We have received your document for GREAT ASIA INC. and check(s) totaling \$1800.00. However, your check(s) and document are being returned for the following:

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 302A00022987