PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 2010 MAY -7 P 1: 57			
DOCUMENT# N95000005061 1. Corporation Name Lake Mary Beltway Commerce Center Maintenance Association, Inc.								SECRETARY OF STATE TALLAHASSEE. FLORIDA 900180565089 05/07/1001037020 **490.00			
2. Principa	ss - No F	P.O. Box #	3. Mailing (Office Addres	ss						
	Keyes	• •		same				CR2E081 (4/10)			
Suite, Apt, #, etc. Suite					te, Apt. #, etc.				Date Incorporated or Qualified		
City & State City &					State			To Do Business in Florida 10/23/1995			
	ord, FL						5. FEI Number Applied For				
Zip Country				Zip		Country		59-3408289 Not Applicable			
32773	2773 Seminole							6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
7. Name and Address of Current Registered Agent									PROFIT CORPORATIONS ONLY		
Name Steven Kracht Street Address (P.O. Box Number is Not Acceptable) 70 Keyes Court Suite, Apt. #. Etc. City Sanford State State Jip Code 32773								☐ The \$600.00 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.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date <u>May 3, 2010</u>		
9. Names	and Street Ad	ldresses (or Director (Flo	orida nonprof		prations must list at le				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Directo					City / St	ate / Zip	
D	Steven Kracht				70 Ke	yes	Court			32773	
D	Richard Jeppesen				9541 Orange Blossom Rd.			m Rd.	Howey in the	Hills, FL	
D	Alan Hanley				50 Keyes Court				Sanford, FL	32773	
										17.77	
	RE							INSTATEMENT			
									O C)-1 ORS	
10. E-mail Address: terri@kemco.com (To be used for future annual report notification)											
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. I further certify, 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date											
			SIGNATURE AND I	EU OK FRINT	EN WAWE OF	SIGNING	S OFFICER OR DIREC	IOR	Date	Daytime Phone #	