

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000002066**

1. Corporation Name

LAKE CONWAY ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

523 WEST COLONIAL DRIVE
ORLANDO FL 32804

P.O. BOX 618730
ORLANDO FL 32861

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3377766

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	JONES II, AARON D	7677 TORINO CT.	ORLANDO FL 32835
AC	WILSON, TRINIDAD	6114 BROOKHILL CIRCLE	ORLANDO FL 32810
S	MERRITT, DAWN	6329 BOYLSTON WAY	ORLANDO FL 32818
T	ROBINSON, MARIA	6373 CONROY RD APT 1911	ORLANDO FL 32835
DOF	ROBBINS, CLIM	5130 W WASHINGTON ST	ORLANDO FL 32811
DOF	JONES, JANNITA	7677 TORINO CT	ORLANDO FL 32835

8. Name and Address of Current Registered Agent

AKINS, LINDA S
1320 E ESTHER ST
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

Aaron D. Jones II

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

3715 Pompano Ct

Suite, Apt. #, Etc.

407-654-0490
12/15/03-01036-019 **245.00

City

Gotha

State

FL

Zip Code

34734

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-06-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aaron D. Jones II

Date

10-06-03

Daytime Phone #

407-654-0490

CR2E040 (7/03)