

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 28 PM 1:18

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000002364**

1. Corporation Name

Longwood Plantation Homeowners Association, Inc

2. Principal Office Address

491 Freeman St.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip

32750

Country

USA

3. Mailing Office Address

P.O. Box 520154

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3444765

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

Richard Kinnie

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

352 Balogh Place

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Richard Kinnie
REGISTERED AGENT MUST SIGN

Date

12-15-00

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
President Director	Richard A. Kinnie	352 BALOGH PLACE LONGWOOD, FL 32750	LONGWOOD, FL, 32750
Director	JACK GREENHUGH	357 BALOGH PLACE	LONGWOOD, FL 32750
Director	KEN HALLADAY	361 BALOGH PLACE	LONGWOOD, FL, 32750
Treasurer	CARRY MORE	523 FREEMAN ST.	LONGWOOD, FL, 32750
Secretary	Kristen Lombert	526 FREEMAN ST.	LONGWOOD, FL 32750 LS

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:

Richard Kinnie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD Kinnie

Date

12-15-00

Daytime Phone #

407 2651025

CF2E081 (9/99)