

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 | 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 MARKS | 523 Freeman St. | Longwood, FL, 32750 |
| Secretary | Kristen Lombert | 526 Freeman St. | Longwood, FL 32750 |

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

RICHARD Kinnie

Date

12-15-00

Daytime Phone #

407 2651025

CR2E081 (3/99)