

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004752

1. Corporation Name

VILLAGE ON THE LAKES MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7800 RED ROAD, SUITE 119
SOUTH MIAMI, FL 33143

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

9/12/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/D	H. GERALD/ GOULD	7800 RED ROAD, SUITE 119	SOUTH MIAMI, FL 33143
V/S/D	JOHANN PFUNER	1305 HOMESTEAD ROAD	LEHIGH, FL 33936
D	JANET ALLISON	226 EAST JOEL BOULEVARD	LEHIGH, FL 33972
			500002424255--9 -02/06/98--01127--005 ****297.50 ****297.50
			REINSTATEMENT 97-98 SL 2-5-98

8. Name and Address of Current Registered Agent

CHARLES D. ROBBINS
900 SUNTRUST BUILDING
377 BRICKELL AVENUE
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name
H.
GERALD/ GOULD
Street Address (P.O. Box Number is Not Acceptable)
7800 RED ROAD,
Suite, Apt. #, Etc.
SUITE 119
City
SOUTH MIAMI
State
FL
Zip Code
33143

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.

Signature of
Registered Agent

Gerald/ Gould

REGISTERED AGENT MUST SIGN

Date January 30, 1998

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Gerald/ Gould, President

January 30, 1998
Date

305-666-3075
Daytime Phone #

CR2E040 (12/96)