PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV 13 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005108**

1. Corporation Name
FRIENDS OF LAKE KILLARNEY, INC.

Principal Place of Business	Mailing Address
201 WEST CANTON AVENUE #150 WINTER PARK FL 32789	201 WEST CANTON AVENUE #150 WINTER PARK FL 32789

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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
James Cunningham	JAMES CUNNINGHAM
Suite, Apt. #, etc.: 251 Rippling Ln.	Suite, Apt. #, etc.: 251 RIPPLING LANE
City & State: Winter Park, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/1996

5. FEI Number: 59-3434458 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CUNNINGHAM, JAMES O	251 RIPPLING LANE	WINTER PARK FL 32789
D	NORTHAM, NORT	120 BROADVIEW AVENUE	WINTER PARK FL 32789
D	JONES, SCOTT	2016 LAKE DRIVE	WINTER PARK FL 32789
D	MINES, JOHN	1991 KILLARNEY DRIVE	WINTER PARK FL 32789
D	NECRASON, CONRAD	2130 LAKE DRIVE	WINTER PARK FL 32789
D	PALM, JANINE	245 RIPPLING LANE 11/13	WINTER PARK FL 32789

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HEINKEL, R L 201 WEST CANTON AVENUE #150 WINTER PARK FL 32789	Name: James Cunningham Street Address (P.O. Box Number is Not Acceptable): 251 Rippling Ln. Suite, Apt. #, Etc.: City: Winter Park State: FL Zip Code: 32789

CR2E040 (8/97)

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: [signature] (REGISTERED AGENT MUST SIGN) Date: 11-5-97

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-11/17/97--01131--011
****256.25 ****35.25

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receivor 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-5-97 Date — (407) 425-2000 Daytime Phone #