

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005737

1. Corporation Name

Lychee Lane Association, Inc.

2. Principal Office Address - No P.O. Box #

2115 Lychee Lane

Suite, Apt. #, etc.

City & State

Nokomis, Florida

Zip

34275

Country

3. Mailing Office Address

2115 Lychee Lane

Suite, Apt. #, etc.

City & State

Nokomis, Florida

Zip

34275

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1996

5. FEI Number

65-0706755

☐ 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

Daniel S. Pacifico

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

2115 Lychee Lane

Suite, Apt. #, Etc.

City

Nokomis,

State

FL

Zip Code

34275

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

Daniel S. Pacifico

REGISTERED AGENT MUST SIGN

Date 12/26/10

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
D/P	Daniel S. Pacifico	2115 Lychee Lane	Nokomis, Florida 34275
D/S	Lee C. Miller	2111 Lychee Lane	Nokomis, Florida 34275
D	Edwin Fraser	2119 Lychee Lane	Nokomis, Florida 34275

10. E-mail Address: paciman@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Daniel S. Pacifico

DANIEL S. PACIFICO

12/26/10 (941) 928-9245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 DEC 28 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800189069198

12/28/10--01020--002 **297.50

REINSTATEMENT

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