

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL -09 PH 4:01

DOCUMENT # W97000002034

1. Corporation Name

Lake McBride Area Residents Association

REINSTATEMENT

2. Principal Office Address

Phillip Specke

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6240 Old Water Oak Rd

City & State

Tallahassee, FL

City & State

Zip

32312

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

Leanne Jowers

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

7754 McClure Drive

Suite, Apt. #, Etc.

City

Tallahassee FL

State
FL

Zip Code

32312

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

Leanne Jowers

REGISTERED AGENT MUST SIGN

Date

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 |
|---------|--------------------------------------|---|-----------------------|
| Pres./D | Phillip Specke | 6240 Old Water Oak Rd | Tallahassee, FL 32312 |
| V.P./D | Leanne Jowers | 7754 McClure Dr. | Tallahassee, FL 32312 |
| Bd./D | Jack Conrad | 6500 Old Millstone Pl. Rd. | Tallahassee, FL 32312 |
| Sec. | Lafe Gandy | 7730 McClure Dr. | Tallahassee, FL 32312 |
| Bd. | Fred Breeze | 6937 McBride Pt. | Tallahassee, FL 32312 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)