## CORPORATION REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000000269

1. Corporation Name

CANDY CANE LANE HOMEOWNERS' ASSOCIATION, INC.

FILED

00 MAR 14 PM 12: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Office Address 3. Mailing Office Address								
1319 Can	dy Cane Lane	1319 Candy Cane Lane			REINSTATEMENT 99-00			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
				٠,	4. Date incorporated or Qualified To Do Business in Florida 1/20/98			
City & State		City & State				1/20/	-	
Plant City, FL		Plant City, FL			5. FEI Number	2	Applied	d For
					Applied For		Not Ap	plicable
Zip 33567	Country USA	Zip 33567	Country USA		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Add	tional Fee	e required

7. Name and Address of	Current Registered Agent
Name LINDA A. VALLEE	
Street Address (P.O. Box Number is Not Acceptable) 1319 Candy Cane Lane	
Suite, Apt. #, Etc.	
City Plant City	State Zip Code <b>FL</b> 33567

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.
•	it being appointed the registered agent of the above finding corporation	ani familia with and accept the obligations of Section 607.0000 of 617.0000, F.S.

Signature of Registered Agent ...

Avila a

Jalle REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Date

2/ 28/00

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	BRUCE W. MARTIN	1325 Candy Cane Lane	Plant City, FL 33567
, D	RAYMONT A. VALLEE	1319 Candy Cane Lane	Plant City, FL 33567
T/D	LEROY B. JOHNSTON	1330 Candy Cane Lane	Plant City, FL 33567
S	LINDA A. VALLEE	1319 Candy Cane Lane	Plant City, FL 33567

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 fisted 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:

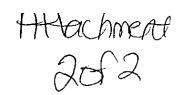
SMANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28 /00 \$

3-475-6511

Date

Daytime Phone #



Patricia typito



ACCOUNT NO. : 072100000032

REFERENCE: 623626 85036A

AUTHORIZATION :

COST LIMIT : \$ 306.25

ORDER DATE: March 14, 2000

ORDER TIME : 9:55 AM

ORDER NO. : 623626-005

CUSTOMER NO: 85036A

CUSTOMER: Robert A. Forlizzo, Esq

Forlizzo Law Group, P.a.

2903 Rigsby Lane

Safety Harbor, FL 34695

## DOMESTIC FILINGS

NAME:

CANDY CANE LANE HOMEOWNERS'

ASSOCIATION, INC.

XX \_\_\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS