

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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.

2. Principal Office Address

1319 Candy Cane Lane

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

USA

3. Mailing Office Address

1319 Candy Cane Lane

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33567

Country

USA

REINSTATEMENT 99-00

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

1/20/98

5. FEI Number

Applied For

☒

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

LINDA A. VALLEE

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

1319 Candy Cane Lane

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

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.

Signature of
Registered Agent

Linda A. Vallee

REGISTERED AGENT MUST SIGN

Date 2/ 28/00

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
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
			200003169212--0

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:

Linda A. Vallee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda A. Vallee, Secretary

2/28 /00

Date

813-975-6511

Daytime Phone #



Attachment
2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 623626 85036A

AUTHORIZATION :

COST LIMIT : \$ 306.25

Patricia Pizzuto

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
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
00 MAR 14 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA