

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**FOR**  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

01 JAN 12 PM 12:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000003545

1. Corporation Name

LAKE KISSIMMEE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~61 LAKE KISSIMMEE MHP~~  
~~LAKE WALES FL 33853~~

~~61 LAKE KISSIMMEE MHP~~  
~~LAKE WALES FL 33853~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 15 LAKE KISSIMMEE MHP  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
 15 LAKE KISSIMMEE MHP  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/17/1998

5. FEI Number

59-3563564

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LANE, DON	15 LAKE KISSIMMEE MHP	LAKE WALES FL 33853
D	<del>LYONS, RAY</del> HATTON, RAY	<del>15 LAKE KISSIMMEE MHP</del> 59 LAKE KISSIMMEE MHP	LAKE WALES FL 33853
D	<del>LEACH, RAY</del> SALLEE, GEORGE	<del>15 LAKE KISSIMMEE MHP</del> 51 LAKE KISSIMMEE MHP	LAKE WALES FL 33853
D	SHERROW, JENNIE	32 LAKE KISSIMMEE MHP	LAKE WALES FL 33853
D	<del>LYONS, JIM</del> SANDERS, Charles	<del>15 LAKE KISSIMMEE MHP</del> 39 LAKE KISSIMMEE MHP	LAKE WALES FL 33853
D	<del>DAVIS, JACKQUELYN</del> O'BRIEN, William A.	<del>15 LAKE KISSIMMEE MHP</del> 45 LAKE KISSIMMEE MHP	LAKE WALES FL 33853

8. Name and Address of Current Registered Agent

DAVIS, JACKQUELYN  
 67 LAKE KISSIMMEE MHP  
 LAKE WALES FL 33853

9. Name and Address of New Registered Agent

Name DON LANE  
 Street Address (P.O. Box Number is Not Acceptable)  
 15 LAKE KISSIMMEE MHP  
 Suite, Apt. #, Etc.  
 City LAKE WALES  
 State FL  
 ZIP 33853

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 Don Lane

Date Dec 8, 2000

REGISTERED AGENT MUST SIGN

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 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: DON LANE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-00

Date

863-696-7283

Daytime Phone #

EIN 59-3563564