

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006324

1. Corporation Name

The Glen At Black Bear Reserve
Homeowners Association, Inc.

2. Principal Office Address

4149 Ondich Road
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 520
Suite, Apt. #, etc.

City & State

Apopka, FL 32712

Zip

Country

City & State

Sorrento, FL

Zip

32776

Country

US

FILED
05 AUG 26 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-05
T. Roberts AUG 29 2005

**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

Richard E. Larsen, Esq.

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

55 East Pine Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Richard E. Larsen, Esq. REGISTERED AGENT MUST SIGN

Date April 19, 2005

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
DPS	Mark Carson	PO Box 520	Sorrento, FL 32776
DVT	Lee Ann Carson	PO Box 520	Sorrento, FL 32776
D	Ashley W. Carson	PO Box 520	Sorrento, FL 32776

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

Mark Carson

Date

4-20-05

Daytime Phone #

407-234-1077

CR2E081 (01/05)