

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -5 PM 12:31

DOCUMENT # N98000006471

1. Corporation Name

Lost Hammock Property
Owners Association, Inc.

600075377016
05/26/06--01047--003 **245.00

REINSTATEMENT 03-06
CR2E081 (12/05)

2. Principal Office Address

398 Farley's Ct

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32968

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/98 ?

5. FEI Number

650906570

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

Sandi Reinhard

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

398 Farley's Ct

Suite, Apt. #, Etc.

City

Vero Beach

State
FL

Zip Code

32968

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

Sandi Reinhard
REGISTERED AGENT MUST SIGN

Date 5-2-06

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
D	Jeff Brewster	360 Farley's Ct	Vero Beach, FL 32968
D	Sandi Reinhard	398 Farley's Ct	Vero Beach, FL 32968
D	Rick Hope	345 Farley's Ct	Vero Beach, FL 32968

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 contained in Chapter 119, 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

Sandi Reinhard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandi Reinhard 5-2-06 (772) 778-9329

Date

Daytime Phone #

2/12

Lost Hammock Property Owner's Association

398 Farley's Ct • Vero Beach, FL 32968

Phone: (772) 778-9329

May 2, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed you will find the Corporation Reinstatement form for Lost Hammock P.O.A. I am requesting that you waive the Reinstatement Fee as we did not receive an annual report notice for the years 2003 to date. I have enclosed a check for \$245.00, which includes the Annual Report Fees for the years 2003-2006. Please contact me if there are any problems or questions concerning this matter. Thank you.

Respectfully,



Sandi Reinhard