

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000000519

1. Corporation Name

LAKE IRMA COMMUNITY ASSOCIATION, INC.

Principal Place of Business

430 N MILLS AVENUE
SUITE 1000
ORLANDO FL 32803

Mailing Address

430 N MILLS AVENUE
SUITE 1000
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	RHODEN, THOMAS G MR.	8642 VILLANOVA ST.	ORLANDO FL 32817
T/D	HAVERLAND, MARGE MS.	8502 ALVERON AVE.	ORLANDO FL 32817
S/D	SPRING, TERRY MS.	3019 M.I.T. ST.	ORLANDO FL 32817
			400004711104--8
			-12/06/01--01026--001
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

CANNON, KEVIN S
430 N MILLS AVENUE
SUITE 1000
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/13/01

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:

Margie Haverland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/01

Daytime Phone #

407-679-6759

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Lake Irma Community Association, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

Kevin S. Cannon

4a Mailing address (street address) (room, apt., or suite no.)

Post Office Box 912

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Orlando, FL 32802-0912

5b City, state, and ZIP code

6 County and state where principal business is located

Orange County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

Thomas G. Rhoden267-88-8800

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☒ Other nonprofit organization (specify) ► Community Assn. (enter GEN if applicable)☐ Other (specify) ►☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►Community Association☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started, or acquired (month, day, year) (see instructions)

01/19/1999

11 Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year): Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

-0--0--0-14 Principal activity (see instructions) ► Community Association

15 Is the principal business activity manufacturing?

☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(407) 671-6100

Fax telephone number (include area code)

(407) 677-0077Name and title (Please type or print clearly.) ► Thomas G. Rhoden, PresidentSignature ► Thomas G. RhodenDate ► 11-19-01

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying