

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000000784**

1. Corporation Name

Sherry Brook Lane Homeowners Association Inc.

2. Principal Office Address

2243 Groveland DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2243 Groveland Drive

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz FL

Zip

33549

Country

USA

Zip

33549

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/27/99

5. FEI Number

16-1639531

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

Marcella C. Donaldson

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

2243 Groveland Drive

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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

Marcella C. Donaldson
REGISTERED AGENT MUST SIGN

Date **Nov. 29, 2002**

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/P/S	Marcella Donaldson	2243 Groveland DR	Lutz, FL 33549
D/v	Daniel Goldberg	18435 Sterling Silver Circle	Lutz, FL 33549
D/T	Anthony Rider	2831 Sherry Brook Ln	Lutz, FL 33549

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:

Marcella C. Donaldson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/02 813 3631166
Daytime Phone #

25 12/20