PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 15 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001011

1. Corporation Name
CROSS TIE RANCH OF LAKE COUNTY HOMEOWNERS ASSOCIATION INC

REINSTATEMENT 2001

2. Principal Office Address
2180 W SR 434

Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD FL

Zip
32779

Country
US

3. Mailing Office Address
2180 W SR 434

Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD FL

Zip
32779

Country
US

4. Date Incorporated or Qualified To Do Business in Florida
02/16/1999

5. FEI Number
59-3673022

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
JAMES W HART JR

Street Address (P.O. Box Number is Not Acceptable)
2180 W SR 434

Suite, Apt. #, Etc.
STE 5000

City
LONGWOOD

State
FL

Zip Code
32779

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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 _____
REGISTERED AGENT MUST SIGN

Date 11/9/01

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
PD	HANK MCDANIEL	55000 NASHUA BLVD ~~526 SOTHPORT DR~~	SORRENTO FL 32776 ~~LONGWOOD FL 32750~~
TD	RANDY LUSIGNAN	36712 NASHUA BLVD	SORRENTO FL 32776
SD	RON HARRELL	34942 NASHUA BLVD	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: Henry McDaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/01
Date

407 647 4402
Daytime Phone #