

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 19 AM 8:00

DOCUMENT # N99000001887

1. Corporation Name
LYNAN FARMS HOMEOWNERS ASSOC, INC.

2. Principal Office Address 35951 LYNAN FARMS DR. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State DADE CITY FL.		City & State	
Zip 33525	Country PASCO	Zip	Country

REINSTATEMENT 00-03

4. Date Incorporated or Qualified To Do Business in Florida 3/26/1999
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name Roy Ginnick
Street Address (P.O. Box Number is Not Acceptable) 35951 LYNAN FARMS DR. 400022427474
Suite, Apt. #, Etc. 08/19/03 01072 004 ** 20.00
City DADE CITY State FL Zip Code 33525
420.00

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 [Signature] Date 5/28/03
REGISTERED AGENT MUST SIGN

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

D
D
D

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Roy Ginnick 35951	LYNAN FARMS DR.	DADE CITY FL. 33525
VP/T	DEBORAH LEWIS 35943	LYNAN FARMS DR.	DADE CITY FL. 33525
S	KELLY SHOOK 36031	LYNAN FARMS DR.	DADE CITY FL. 33525

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] Roy Ginnick Pres. 8/12/03 352-523-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (10/02)