

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005975**

1. Corporation Name

LAZY OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

212 LAKE GIBSON LN.
LAKELAND FL 33809

212 LAKE GIBSON LN.
LAKELAND FL 33809



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3636568

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	JONES, JOHN S	212 LAKE GIBSON LN.	LAKELAND FL 33809
DST	SEWELL, CANDY	1342 GIB-GALLOWAY RD.	LAKELAND FL 33810
DV	WHIDDON, STEVE	7549 WILLOW WISP DR. E.	LAKELAND FL 33810

400024381134

11/03/03--01068--014 **175.00

400024381134

12/01/03--01077--001 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, JOHN S
212 LAKE GIBSON LN.
LAKELAND FL 33809

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

10/30/03

REGISTERED AGENT-MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03 863-683-8888

Daytime Phone #

CR2E040 (7/03)