



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000046055 1. Entity Name TAMWAY ENTERPRISES INC.				FILED 05 MAR 31 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 172 DOG TRACK RD. LONGWOOD, FL 32750		Mailing Address 172 DOG TRACK RD. LONGWOOD, FL 32750		 REINSTATEMENT 04-05	
2. Principal Place of Business 172 DOG TRACK RD. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Longwood, FL Zip Country 32750 USA		City & State Zip Country			
4. FEI Number 59-3670622		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, GARY ALLEN 644 DEER RUN COURT CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Gary Johnson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-28-05</u>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV JOHNSON, GARY 644 DEER RUN CT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400054339884 05/12/05--01072--005 **308.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COCKLEY, JERE 80 N SUNSET DR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <u><i>Gary Johnson</i></u> 3-28-05 407-463-1952 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #</small>					

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 31 PM 4:31

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006278**

1. Corporation Name

Lake Sienna Homeowners' Association, Inc.

2. Principal Office Address

119 Kings Quarry Lane
Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080-7111

Country

USA

3. Mailing Office Address

119 Kings Quarry Lane
Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080-7111

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-09-1999

5. FEI Number

04-3633902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

Debbra Bonvallet

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

101 Kings Quarry Lane

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

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]

REGISTERED AGENT MUST SIGN

Date **3-7-05**

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
P	William Keefe	109 Kings Quarry Lane	St. Augustine, FL 32080
V	John Zuccardi	508 Costano St	St. Augustine, FL 32086
S	Tony Cubbedge	141 Kings Quarry Lane	St. Augustine, FL 32086
T	Debbra Bonvallet	101 Kings Quarry Lane	St. Augustine, FL 32086
V	John Polverino	124 Kings Quarry Lane	St. Augustine, FL 32086

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 corporation 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] **Debbra Bonvallet**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05 904-461-1222

Date

Daytime Phone #

CR2E081 (01/04)