

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000046055 1. Entity Name TAMWAY ENTERPRISES INC.	
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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
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2. Principal Place of Business 172 DOG TRACK RD. Suite, Apt. #, etc.	3. Mailing Address SOME Suite, Apt. #, etc.	 REINSTATEMENT-04-05
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City & State Longwood, FL.	City & State _____	4. FEI Number 59-3670622	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32750	Country USA	Zip _____	Country _____

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 _____
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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: *Gary Johnson* (NOTE: Registered Agent signature required when reinstating) DATE: 3-28-05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COCKLEY, JERE 80 N SUNSET DR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<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: *Gary Johnson* DATE: 3-28-05 DAY THE PHONE: 407-463-1952

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.

3. Mailing Office Address
119 Kings Quarry Lane
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip Country
32080-7111 USA

Zip Country
32080-7111 USA

4. Date Incorporated or Qualified To Do Business in Florida
11-09-1999

5. FEI Number Applied For
04-3633902 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
Debra Bonvallet **100054227031**

Street Address (P.O. Box Number is Not Acceptable)
101 Kings Quarry Lane **05/10/05--01084--015 **61.25**

Suite, Apt. #, Etc.
100054227031

City
St. Augustine **05/10/05--01084--016 **236.25**

State Zip Code
FL 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]** Date **3-7-05**
REGISTERED AGENT MUST SIGN

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	Debra 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]** **Debra Bonvallet** **3/7/05** **904-461-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)