

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019337

1. Corporation Name

COURTYARD AT LAKE LUCERNE, INC.

2. Principal Office Address

211 N. LUCERNE CIRCLE EAST

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

U.S.

3. Mailing Office Address

211 N. LUCERNE CIRCLE EAST

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

U.S.

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1994

5. FEI Number

59-3308959

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

THOMAS A. THOMAS

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

1302 ORANGE AVENUE

Suite, Apt. #, Etc.

City

WINTER PARK

State
FL

Zip Code

32789

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

10/23/02

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
D	CHARLES E. MEINER	211 N. LUCERNE CIRCLE EAST	ORLANDO, FL 32801
D	SAM C. MEINER	211 N. LUCERNE CIRCLE EAST	ORLANDO, FL 32801
D	PAULA S. BOWERS	211 N. LUCERNE CIRCLE EAST	ORLANDO, FL 32801
D	ELEANOR E. MEINER	211 N. LUCERNE CIRCLE EAST	ORLANDO, FL 32801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM MEINER

Date

10/24/02

Daytime Phone #

407-595-5900

CR2E081 (9/01)