

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003843

1. Corporation Name

6894 LAKE WINONA, INC.

Principal Place of Business

6894 LAKE WINONA RD.
DELEON SPRINGS FL 32130

Mailing Address

6894 LAKE WINONA RD.
DELEON SPRINGS FL 32130

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1995

5. FEI Number

59-3292906

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	CROASMUN, ROBERT M	6894 LAKE WINONA RD.	DELEON SPRINGS FL 32130
DVS	CROASMUN, SHERRI L	6894 LAKE WINONA RD.	DELEON SPRINGS FL 32130
DPT	JONES, ROBIN M	999 CLIFTON RD	DELEON SPRINGS, FL 32130
		400002391674--1 -01/06/98--01095--007 ****915.00 ****915.00	
		400002391674--1 -01/06/98--01095--007 *****8.75 *****8.75	

8. Name and Address of Current Registered Agent

CROASMUN, ROBERT M
6894 LAKE WINONA ROAD
DELEON SPRINGS FL 32130

9. Name and Address of New Registered Agent

ROBIN M. JONES
Street Address (P.O. Box Number is Not Acceptable)
999 CLIFTON RD
Suite, Apt. #, Etc.

City

DELEON SPRINGS

State

FL

Zip Code

32130

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.

Signature of
Registered Agent

Robin Jones

REGISTERED AGENT MUST SIGN

Date

12/1/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Robin Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904
12/1/97 9855563
Daytime Phone #