

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 # P99000036415

1. Corporation Name

PRESERVATION LAKE CORPORATION

FILED  
00 NOV -6 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
21 Old Kings Road North  
Suite B101  
Palm Coast, FL 32137

Mailing Address

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

April 19, 1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

043476042

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED **XXX**  
**\$8.75 Additional Fee required for 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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D/P/T         | Valerie Kaan                              | 21 Old Kings Road N.<br>Suite B101   | Palm Coast, FL 32137    |
| VP/S          | William Harkins                           | 21 Old Kings Road N.<br>Suite B101   | Palm Coast, FL 32137    |
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\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael D. Chiumento  
4B Old Kings Road North  
Palm Coast, FL 32137

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/02

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM HARKINS, VICE PRESIDENT

Date

Daytime Phone #

10/30/02

904-446-8100

CR2040 (12/96)