

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherin Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 27 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 12321

1. Corporation Name

Lake Crest-Orlando Apartments, Inc.

2. Principal Office Address

255 S. Orange Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Orlando, FL

Zip

32801

Country

USA

3. Mailing Office Address

255 S. Orange Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Orlando, FL

Zip

32801

Country

USA

REINSTATEMENT

00-01

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

02/05/92

5. FEI Number

59-1378202

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

Alexander C. Mackinnon

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

255 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 800

City

Orlando

800004287468-7

-05/22/01--01079--002

****900.00 ****900.00

State

FL

Zip Code

32801

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

Alexander C. Mackinnon

REGISTERED AGENT MUST SIGN

Alexander C. Mackinnon

Date 4/17/01

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/P/S/
T

Jorge Ochoa

P.O. Box 11889

St. Just, Puerto Rico
00922

VP

Alexander C. Mackinnon

255 S. Orange Ave, Suite 800

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, that all fees owed by the corporation have been paid and the names of individuals listed on this application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alexander C. Mackinnon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander C. Mackinnon

4/17/01

Date

(407) 843-7300

Daytime Phone #

CR2E081 (9/00)