

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 9:24

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005586

1. Corporation Name

1000 ROSES PHASE II HOMEOWNERS ASSOCIATION, INC.

*Handwritten initials*

2. Principal Office Address - No P.O. Box #

1500 W. ROSE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1500 W. ROSE ST.

Suite, Apt. #, etc.

**REINSTATEMENT** CR2E081(1/07) 06-07

City & State

LAKE WALES, FL.

City & State

LAKE WALES, FL.

Zip  
33853

Country  
POLK

Zip  
33853

Country  
POLK

4. Date Incorporated or Qualified To Do Business in Florida

SEPTEMBER 15, 1999

5. FEI Number

59-3599483

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  
GRONDIN, GARY C

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

1500 W. ROSE ST.

Suite, Apt. #, Etc.

City  
LAKE WALES

State  
FL

Zip Code  
33853

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Handwritten signature of Gary C. Grondin*

Date 12-6-07

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
D	GRONDIN, GARY C	455 S. BUCKMOORE RD.	LAKE WALES, FL.33853
D	GRONDIN, DANIEL M	455 S. BUCKMOORE RD.	LAKE WALES, FL.33853

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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 contained in Chapter 119, 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:

*Handwritten signature of Gary C. Grondin*

12-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Handwritten note: 12/19*