

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 297.50
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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUN 16 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **736533**
 1. Corporation Name **THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOC. INC.**

Principal Place of Business Mailing Address
P.O. BOX 547353
ORLANDO, FL.
32854-7353

REINSTATEMENT 96-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEL Number 59-3166822	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	HENDERSON WILDER	235 E. BAHAMA RD.	WINTER SPRGS FL 32708
V.P.	ELAINE BORKOWSKI	4522 WATCH HILL RD.	ORLANDO FL 32808
TRES.	KENNETH YOUNG	4676 WATCH HILL RD.	ORLANDO FL 32808
SECY.	P. JANE EVERS	4788 LIGHTHOUSE CIR.	ORLANDO FL 32808
		see attachment for titles	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ELAINE BORKOWSKI 4522 WATCH HILL RD. ORLANDO, FL 32808		Name: Same Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: 500002215855--9 City: 06/18/97 State: 01068--020 Zip Code: ****358.FL ****358.75	

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: *Elaine Borkowski* Date: _____
 REGISTERED AGENT MUST SIGN

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)(j), 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: *P. Jane Evers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 5.1.97 Daytime Phone #: 407 422-7061

CR2EC00 (12/96)

P/D	Henderson Wilder	235 E. Bahama Road	Winter Springs, FL 32708
V/D	Elaine Borkowski	4522 Watch Hill Road	Orlando, FL 32808
T/D	Kenneth Young	4676 Watch Hill Road	Orlando, FL 32808
S/D	P. Jane Evers	4788 Lighthouse Circle.	Orlando, FL 32808