

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 12:07

DOCUMENT # 758333

1. Corporation Name

DUNMAR ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

655 DUNMAR CIRCLE  
WINTER SPRINGS FL 32708  
US

655 DUNMAR CIRCLE  
WINTER SPRINGS FL 32708  
US



09-20-00 90004 043 \$1236.25  
REINSTATEMENT 00

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	
				05/13/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-2251033	
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	4 City / State / Zip
PD SD	BISCHOF, BARBARA	598 DUNMAR CIR	WINTER SPGS FL 32708
SD	<del>BARNHILL, DAVID</del>	<del>583 DUNMAR CIR</del>	<del>WINTER SPRINGS FL 32708</del>
TD	ACHA, WENDY	587 DUNMAR CIRCLE	WINTER SPRINGS FL 32708
PD	<del>AMENIN, JAMES</del> CLAUSEN, CHRISTOPHER	<del>557 DUNMAR CIR</del> 575 DUNMAR CIRCLE	WINTER SPRINGS FL 32708

8. Name and Address of Current Registered Agent

ACHA, WENDY  
587 DUNMAR CIRCLE  
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

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

*Wendy Acha* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/1/00

11. 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:

*Wendy Acha* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WENDY ACHA  
TREASURER, DIRECTOR

11/1/00  
Date

407 695 0019  
Daytime Phone #