PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -5 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764221

1. Corporation Name

AZALEA LANE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1094 Azalea Lane, Winter Park, Florida 32789	

REINSTATEMENT 86-00

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
1096 Azalea Lane	1096 Azalea Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/21/82

5. FEI Number: X Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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
P/D	JENNIFER CASEY	1086 Azalea Lane	Winter Park, FL 32789
S/D	JOANNE HORNER	1084 Azalea Lane	Winter Park, FL 32789
T/D	KRISTY MONTGOMERY	1096 Azalea Lane	Winter Park, FL 32789
D	JULIE REAM	1094 Azalea Lane	Winter Park, FL 32789

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROBERT W. PEACOCK 800 N. Highland Avenue Orlando, FL 32803	Name: JENNIFER CASEY Street Address (P.O. Box Number is Not Acceptable): 1086 Azalea Lane Suite, Apt. #, Etc.: City: Winter Park State: FL Zip Code: 32789

CR2E040 (12/96)

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: Jennifer Casey — Date: DEC. 27, 2000
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)(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: Jennifer Casey JENNIFER CASEY 12-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(407) 647-5599