

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -5 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 968114

1. Corporation Name

FANTASYWORLD CLUB VILLAS HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

5000 Hart Avenue  
Kissimmee, Florida  
34746

Mailing Address

5000 Hart Avenue  
Kissimmee, Florida  
34746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4999 Kyngs Heath Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4999 Kyngs Heath Road

Suite, Apt. #, etc.

4. Date incorporated or Qualified  
To Do Business in Florida

4-83

5. FEI Number

59-3320316

Applied For

Not Applicable

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34746

Country

USA

Zip

34746

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Nicholas G. Kosmas	4999 Kyngs Heath Road	Kissimmee, FL 34746
T/D	Bruce Nelson	4999 Kyngs Heath Road	Kissimmee, FL 34746
S/D	Cindy Harvey	4999 Kyngs Heath Road	Kissimmee, FL 34746
			600003090546--1 -01/06/00--01022--026 ****367.50 ****367.50
			TS

REINSTATEMENT 96-0001 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

James M. Kosmas, P.A.

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

111 Live Oak Street

Suite, Apt. #, Etc.

City

New Smyrna Beach.

State

FL

Zip Code

32168

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

REGISTERED AGENT MUST SIGN

Date 12-22-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-99

Date

(407)392-1058

Daytime Phone #