

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #768114

1. Corporation Name **Fantasyworld Club Villas Home Owners'
Association Inc.**

700006880627--5
-08/05/02--01002--013
****236.25 ****236.25

2. Principal Office Address

4999 Kyngs Heath Rd.

3. Mailing Office Address

4999 Kyngs Heath Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

US

Zip

34746

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593320316

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

Kosmas, James M.P.A.

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

111 Live Oak Circle

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

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

REGISTERED AGENT MUST SIGN

Date

4-5-02

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
PD	Don Brady	4999 Kyngs Heath Blvd.	Kissimmee, FL 34746
STD	Hank Zywicki	2510 N.W. 53rd Avenue Road	Ocala, FL 34482
WD	Adella Houck	2111 Millerville Road	Lancaster, PA 17603
ED	Cindy Ramezanipour	4999 Kyngs Heath Blvd.	Kissimmee, FL 34746
D	Carol Hildebrand	621 Driver Circle	Kissimmee, FL 34759

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 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: **President Don Brady**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

407-396-1808

Daytime Phone #

7/17/02