

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000007993**

1. Corporation Name

**TUSCANY RIDGE HOMEOWNERS
ASSOCIATION, INC.**

REINSTATEMENT 02-04

2. Principal Office Address

5401 S. Kirkman Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

450

City & State

Orlando FL

City & State

SAME

Zip

32819

Country

USA

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-9-01

5. FEI Number

59-3754955

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

Community Management Professionals Inc

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

5401 S. Kirkman Rd.

Suite, Apt. #, Etc.

450

City

Orlando

State

FL

Zip Code

32819

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

Joe Carpenter, As President

Date **10-11-04**

REGISTERED AGENT MUST SIGN

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
D	JOSEPH KANTOR	6000 METRO WEST BLVD SUITE 105	Orlando FL 32835
D	ERIC DEVUYST	6000 METRO WEST BLVD SUITE 105	Orlando FL 32835
D	PHILIP TATICH	341 N. MAITLAND AV SUITE 340	MAITLAND, FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.13.04 407-296-4600

Date

Daytime Phone #

CR2E081 (01/04)