


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
**11 OCT 20 AM 8:59**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N05000007621**  
 1. Corporation Name  
**Ashley Park at Harmony Homeowners Association Inc.**

2. Principal Office Address - No P.O. Box # <b>1637 E. Vine Street</b>		3. Mailing Office Address <b>1637 E. Vine Street</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State <b>Kissimmee, Florida</b>		City & State <b>Kissimmee, FL</b>	
Zip <b>34744</b>	Country <b>USA</b>	Zip <b>34744</b>	Country <b>USA</b>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **07/26/2005**

5. FEI Number **204568816**  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  
**Titan Management**

Street Address (P.O. Box Number is Not Acceptable)  
**1637 E. Vine Street**

Suite, Apt. #, Etc.  
**Suite 200**

City  
**Kissimmee**

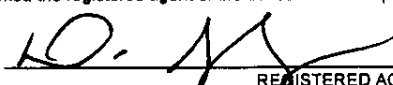
State  
**FL**

Zip Code  
**34744**

9/2/11 01012 023  
**500211703539**  
 09/05/11--01012--023 \*\*\$35.00

**200213230742**  
 10/12/11--01025--002 \*\*\$175.00

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  Date **10/07/2011**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

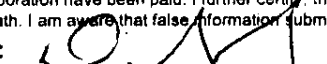
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Adam Schott	2180 W. SR 434 #5000	Longwood, FL 32779
VPD	Christina Mahon	2180 W. SR 434 #5000	Longwood, FL 32779
SD	Gregg Inghram	2180 W. SR 434 #5000	Longwood, FL 32779

**REINSTATEMENT 11 B 10/20/11**

10. E-mail Address: **admin@titanhoa.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date **10/07/2011** Daytime Phone # **407-705-2190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR