

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 MAR 13 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06271

1. Corporation Name
Southbrooke Community Association, Inc.

2. Principal Office Address - No P.O. Box #
5756 S. Semoran Blvd.

3. Mailing Office Address
5756 S. Semoran Blvd.

Suite, Apt. #, etc

City & State
Orlando, Florida

Zip Country
32822 USA

400326286754
03/13/19--01005--022 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
November 20, 1984

5. FEI Number
59-2646078

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
House of Management Enterprises for Community Assoc., Inc.

Street Address (P.O. Box Number is Not Acceptable)
5756 S. Semoran Blvd.

Suite, Apt. #, Etc

City State Zip Code
Orlando FL 32822

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 *Charles Zook* Date 2.7.2019
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
Pres	Anita Mosier	5756 S. Semoran Blvd.	Orlando, FL 32822
VP	Maria Ortiz	5756 S. Semoran Blvd.	Orlando, FL 32822
Tres	Darryl Willette	5756 S. Semoran Blvd.	Orlando, FL 32822
			MAR 13 2019
			C SNEAD

10. E-mail Address: czook@houseofmgmt.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: *Maria Ortiz* Date 2/11/2019
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR