

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08880

1. Corporation Name

Association of Southbrook Condominium  
II, Inc.

2. Principal Office Address

Leland Management Inc

Suite, Apt. #, etc.

1633 E. Vine St. Ste 110

City & State

Kissimmee FL

Zip

34744

Country

USA

3. Mailing Office Address

Leland Management Inc

Suite, Apt. #, etc.

1633 E. Vine St. Ste 110

City & State

Kissimmee FL

Zip

34744

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2646081

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

Leland Management, Inc

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

1633 E Vine St

Suite, Apt. #, Etc.

Suite 110

City

Kissimmee

800036273488

05/13/04--01067--011 \*\*230.25

State

FL

Zip Code

34744

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

*Rubén Amador*

Date

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
P	Jorge De Mattos	4838 S. SEMORAN Blvd. #908	Orlando FL 32822
V	Dan Johnson	4822 S. SEMORAN Blvd. #804	Orlando FL 32822
T	Leola Williams	4838 S. SEMORAN Blvd. #903	Orlando FL 32822

REINSTATEMENT 03-01

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)(l), 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

JORGE DE MATTOS

04/04/04

Date

(407) 380-1768

Daytime Phone #

CR2E081 (01/04)