

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2019 MAR -5 PM 5:24

DIVISION OF CORPORATIONS
ALLAHASSEE, FLORIDA

600325881000
04/11/19-01004-111

600325881000
03/27/19-01002-111 *\$36.75
CR2E081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12698

1. Corporation Name ✓
Association of Southbrooke Condominium 5, Inc.

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # 5756 S. Semoran Blvd. | | 3. Mailing Office Address 5756 S. Semoran Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, Florida | | City & State Orlando, Florida | |
| Zip 32822 | Country USA | Zip 32822 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida
December 20, 1985

5. FEI Number
59-2617313

| | |
|----------------|--|
| 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
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 Orlando | State FL | Zip Code 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 *Cheryl Zook* Date 2.7.19

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 | Maria Ortiz | 5756 S. Semoran Blvd. | Orlando, FL 32822 |
| Vp | Maria Caragena | 5756 S. Semoran Blvd. | Orlando, FL 32822 |
| Tres | Diane Sanchez | 5756 S. Semoran Blvd. | Orlando, FL 32822 |
| | | | |
| | | | |
| | | | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

T MOORE