

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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

T MOORE