

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUN 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N36082

1. Corporation Name

DEBARY PLANTATION COMMUNITY ASSOCIATION, INC.
100 DEBARY PLANTATION BOULEVARD
DEBARY, FL 32713 US

2. Principal Office Address

100 DeBary Plantation Blvd.

Suite, Apt. #, etc.

n/a

City & State

DeBary, FL

Zip

32713

Country

US

3. Mailing Office Address

5695 Beggs Road

Suite, Apt. #, etc.

Suite B-100

City & State

Orlando, FL

Zip

32810

Country

US

REINSTATEMENT 99.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2946179

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

Harkley R. Thornton, Esq.

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

5695 Beggs Road,

Suite, Apt. #, Etc.

Suite B-100

City

Orlando

State

FL

Zip Code

32810

4/26

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

Harkley R. Thornton
REGISTERED AGENT MUST SIGN

Date 4-18-00

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	Vernon, Bill	100 DeBary Plantation Blvd	DeBary, FL 32713
VD	Primer, Roy	100 DeBary Plantation Blvd.	DeBary, FL 32713
SD	Van Auker, Roger	100 DeBary Plantation Blvd.	DeBary, FL 32713
TD	Van Auker, Roger	100 DeBary Plantation Blvd.	DeBary, FL 32713

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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)(i), 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

4-4-2000

Date

Daytime Phone #

CR2E081 (9/99)