

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAR 19 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50749

1. Corporation Name

TEMPLE GROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2383 GREY WALL AVE
OCOEEE FL 34761
US

P.O. BOX 597
OCOEEE FL 34761
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
OCOEEE FLORIDA

City & State

59-3140690

Not Applicable

Zip Country
34761 US

Zip Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	INGRAM, JEFFREY G	2383 GREYMAN AVE	OCOEEE FL
VPD	MORSE, ERIC	2307 GREY WALL AVE	OCOEEE FL
TD	CARTWRIGHT, PERRY S	2593 GREY WALL AVE	OCOEEE FL
PD	AUDRA ROSSON	2546 AULD SCOTT BLVD.	OCOEEE FL 34761
VPD	ERNESTINE TOOMER	456 CANBY CR.	OCOEEE FL 34761
VPD	YVETTE HURT	419 CANBY CR.	OCOEEE FL 34761

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTWRIGHT, PERRY S
2593 GREY WALL AVE
OCOEEE FL 34761

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 3-7-2001

REGISTERED AGENT MUST SIGN

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., 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)(b), 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.

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-03/22/01--01030--006
****245.00 ****245.00

SIGNATURE:

PERRY S. CARTWRIGHT 3-7-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-293-8324

CR2E040 (8/00)