


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

01 SEP 25 AM 10:55

**DOCUMENT #** N93000001422

**1. Corporation Name**  
 The Riviera of Orlando  
 Homeowners Association

**2. Principal Office Address**  
 7361 Marseille Circle  
 Suite, Apt. #, etc.

**3. Mailing Office Address**  
 P.O. Box 721525  
 Suite, Apt. #, etc.

**City & State**  
 Orlando, Florida      Orlando FL

**Zip**      **Country**  
 32822      USA      32872-1525      Orange

**REINSTATEMENT 99-01**  
 0504-99 0028 039 \$61.25

**4. Date Incorporated or Qualified To Do Business in Florida** 3-26-93

**5. FEI Number** 59-3188356  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** Linda Healy      400004617174 -- 6

**Street Address (P.O. Box Number is Not Acceptable)** 7361 Marseille Circle      -10701701--01020 016  
 \*\*\*\*297.50 \*\*\*\*297.50

**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** *Linda Healy*      **Date** 9-17-01

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/D	Linda Healy	7361 Marseille Cr	Orlando, FL 32822
V	Valentín de J. Ramos	7440 " "	Orlando, FL 32822
T	Denise Morales	7423 Marseille Circle	Orlando, FL 32822
S/D	Vilma Siquero	7435 Marseille	Orlando, FL 32822
D	JEE HEALY	7361 MARSEILLE CIR	ORLANDO FL 32822
D	Tata Ramos	7440 Marseille Circle	Orlando FL 32822

**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:** *Linda Healy*      **Date** 9-17-01      **Daytime Phone #** 407 2734 806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)