

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY 28 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003116

1. Corporation Name

Windsor Oaks HomeOwners Association, Inc.

Principal Place of Business

Mailing Address

P.O.Box 450182
1621 Emily Court
Kissimmee, Fl.
34744

P.O.Box 450182

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2629453

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ 58.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. Direct.	R.A. Fenemore	1621 Emily Court	Kissimmee, Fl. 34744
Direct.	Linda Rieck	1621 Emily court	Kissimmee, Fl. 34744
Direct.	Diane Hosenbold	1621 Emily Court	Kissimmee, Fl. 34744
REINSTATEMENT 95-97 SCC 5-28-97			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mason & Associates, P.A
18167 US 19 North
Suite 150
Clearwater, Florida 34624-6566 US

Name
R.A. Fenemore
Street Address (P.O. Box Number is Not Acceptable)
1621 Emily court
Suite, Apt. #, Etc.
City
Kissimmee, State **FL** Zip Code **34744**

*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

[Signature]

R.A. Fenemore

Date **5.27.97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. Fenemore, Pres.

5-27-97

Date

407-846-3366

Daytime Phone #

CR2E040 (12/96)