

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **NA500000** ⁵³⁴⁴ ~~5344~~

1. Corporation Name

Summer Oaks Estates Homeowners Association, Inc.

WA7-22907

Principal Place of Business
**668 N. Orlando Ave.
Suite 105
Maitland, FL 32751**

Mailing Address
**668 N. Orlando Ave.
Suite 105
Maitland, FL 32751**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **11/13/95** **02/17/98** **01024-007**

5. FEI Number **65-0798350** ******297.50** ******297.50**

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)

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
P/D	David Miller	3481 Oak Knoll Point	Lake Mary, FL 32746
VP/D	David Rapier	3489 Oak Knoll Point	Lake Mary, FL 32746
T/D	Robert Parrotino	1316 Crown Isle Circle	Apopka, FL 32712
S	Margaret L. Morbitzer	668 N. Orlando Ave., #105	Maitland, FL 32751

8. Name and Address of Current Registered Agent

**William T. Fulton
2111 E. Michigan St.
Orlando, FL 32806**

9. Name and Address of New Registered Agent

Name **Margaret L. Morbitzer**
Street Address (P.O. Box Number is Not Acceptable)
668 N. Orlando Ave., #105
Suite, Apt. #, Etc.
City **Maitland** State **FL** Zip Code **32751**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of
Registered Agent

Margaret L. Morbitzer
REGISTERED AGENT MUST SIGN

Date **12/19/97** **02/17/98** **01024-008**
******61.25** ******61.25**

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:

Margaret L. Morbitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margaret L. Morbitzer

12/19/97 (407) 539-1000
Date Daytime Phone #

FILED

98 FEB -6 AM 8:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT *NA 98*

CP2E040 (12/96)