PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 26 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000729

1. Corporation Name

The Hills of Mount Dora Homeowners' Association, Inc.

Principal Place of Business	Mailing Address
The Hills of Mount Dora Homeowners' Association, Inc. P.O. Box 632 Sorrento, FL. 32776-0632	

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

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-05/04/99--01008--018
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Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: February 10, 1997

5. FEI Number: 59-3550617 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Marvin Sonne D	32446 Scenic Hills Drive	Mount Dora, FL. 32757
V Pres.	Juan Mas D	32345 Scenic Hills Drive	Mount Dora, FL. 32757
Sec.	Michelle Wooten D	32300 Scenic Hills Drive	Mount Dora, FL. 32757
Treas	Eddie Rouse D	22101 Scenic Ridge Court	Mount Dora, FL. 32757

REINSTATEMENT 98-99 TB 4/29/99

8. Name and Address of Current Registered Agent

David M. Campione, Esquire
600 Jennings Avenue
Eustis, FL 32726

9. Name and Address of New Registered Agent

Name: Brian J. Welke
Street Address (P.O. Box Number is Not Acceptable): 3900 Lake Center Drive 1A
Suite, Apt. #, Etc.
City: Mount Dora FL

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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: Brian J Welke
REGISTERED AGENT MUST SIGN

Date: 2/10/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Juan Mas JUAN MAS V PRES 2-10-99 352-383986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1-98)