

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001675

1. Corporation Name

Eden Park Estates Homeowners Association, Inc.

762000035390

2. Principal Office Address
1276 Sydney Ct.

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL 32714

Zip 32714 **Country** USA

3. Mailing Office Address
1276 Sydney Ct.

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL 32714

Zip 32714 **Country** USA

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/21/1997

5. FEI Number ☒ 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
Swann & Hadley, P.A.

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.
Suite 160

City
Winter Park

600009494576
12/12/02--01120--005 **358.75

600009494576
01/16/03--01068--005 **61.25

REINSTATEMENT 00-02
State Zip Code
FL 32789

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**

Paemil Hauer vp
REGISTERED AGENT MUST SIGN

Date 12-9-2002

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	Weiss, Kevin	1276 Sydney Ct.	Altamonte Springs, FL 32714
VP-D	Folk, Jay E.	1275 Sydney Ct.	Altamonte Springs, FL 32714
S-D	Adams, Debra J.	1263 Sydney Ct.	Altamonte Springs, FL 32714
T-D	Wilder, Charles D.	1271 Sydney Ct.	Altamonte Springs, FL 32714
M	Smith, David	1283 Sydney Ct.	Altamonte Springs, FL 32714

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/02

Date

Daytime Phone #

CR2E081 (9/01)