

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N10936**

1. Corporation Name

BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #5, INC.

Principal Place of Business

P O BOX 561428
ORLANDO FL 32856-1428
US

Mailing Address

POST OFFICE BOX 561428
ORLANDO FL 32856-1428
US

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



REINSTATEMENT 990

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1985

5. FEI Number

59-2451453

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RICHMER, JANICE	9200 OAKSTAND LANE	ORLANDO FL
D	MACALLASTER, A	3120 TALL TIMBER DR	ORLANDO FL 32812
PD	COLLINS, C	3295 WINDY WOOD DR	ORLANDO FL 32812
D-VP	JEFFREY FLEMING	3124 TALL TIMBER DR	Orlando FL 32812
D-T	SARAH MACALLASTER	3124 TALL TIMBER DR	Orlando FL 32812
D-S	SANDI BLACKBURN	3410 Windy Wood Dr	Orlando FL 32812

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACALLASTER, ALAN C
3120 TALL TIMBER DR
ORLANDO FL 32812

Name

CHARLES COLLINS

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

3295 Windy Wood Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

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

Charles Collins
REGISTERED AGENT MUST SIGN

Date **10-20-99**

11. 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:

Charles Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-10-20-99-207-5440
KE

Block 7 Additional DIRECTORS

Title	NAME OF OFFICERS OR DIRECTORS	STREET ADDRESS	City STATE ZIP
D	Bill Stimmel	3388 Windy Wood Dr	ORLANDO FL 32812
D	Jon Young	3101 TAITIMBER DR	ORLANDO FL 32812