

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 AM 11:41

DOCUMENT # N96000004040

1. Corporation Name

DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4751 DISTRIBUTION CT.
UNIT 10
ORLANDO FL 32822
US

4751 DISTRIBUTION CT.
UNIT 10
ORLANDO FL 32822
US



REINSTATEMENT

01

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

08/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3427943

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PTD	MORINE, KEVIN	4751 DISTRIBUTION COURT, UNIT 10	ORLANDO FL 32822
VD	CLEMENTS, DONALD	4751 DISTRIBUTION COURT, UNIT 10	ORLANDO FL 32822
SD	HALLAUER, DAN R	4751 DISTRIBUTION COURT, UNIT 10	ORLANDO FL 32822

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALLAUER, DAN
4751 DISTRIBUTION CT.
UNIT 10
ORLANDO FL 32822

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

AD

Signature of
Registered Agent

Dan R. Hallauer

REGISTERED AGENT MUST SIGN

Date 10.17.01

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:

Dan R. Hallauer Director

Date

Daytime Phone #

10.17.01

CR25040 (8/01)