

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 19 PM 4:05

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # N32439

1. Corporation Name

MYSTIC AT MARINERS VILLAGE COMMUNITY ASSOCIATION INC

2. Principal Office Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779

Country

US

3. Mailing Office Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779

Country

US

REINSTATEMENT

18

01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/22/1989

5. FEI Number

59-3001338

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

JAMES W HART JR

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

2180 W SR 434

Suite, Apt. #, Etc.

STE 5000

City

LONGWOOD

State

FL

Zip Code

32779

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

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
PD	JANET D WILSON	3075 CAYMAN WAY	ORLANDO FL 32812-5349
VPD	JAMES THOMAS HASTINGS	3078 MYSTIC COVE DR	ORLANDO FL 32812-5349
D	LARRY BROWN	3046 MYSTIC COVE DR	ORLANDO FL 32812-5349

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

JANET D. Wilson

Date

2/5/2002

Daytime Phone #

407

382-0791

CR2E081 (9/01)