

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -8 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **795000000355**

1. Corporation Name

**Park Avenue Estates Homeowners Association
of Winter Garden, Inc.**

2. Principal Office Address

4004 Edgewater Drive

Suite, Apt. #, etc.

City & State

Orlando Fla 32804-2837

Zip

32804

Country

USA

3. Mailing Office Address

4004 Edgewater Drive

Suite, Apt. #, etc.

City & State

Orlando FL 32804-2837

Zip

32804

Country

USA

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

1/25/95

5. FEI Number

59-3415540

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$38.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Mary Rivera-Asset Real Estate Inc.

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

4004 Edgewater Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804-2837

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

Mary Rivera

REGISTERED AGENT MUST SIGN

Date

3/6/2002

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
PD	Thomas, Donna	307 WINDFORD COURT	Winter Garden FL 34787
VPD	WOOLLET, BRIAN	338 WINDFORD COURT	WINTER GARDEN FL 34787
STD	CURTIS, VIRGINIA	311 WINDFORD COURT	WINTER GARDEN FL 34787
D	BLUMENFELD, PAMELA	312 WINDFORD COURT	WINTER GARDEN FL 34787
D	THOMAS, STEVE	307 WINDFORD COURT	WINTER GARDEN FL 34787

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)(l), 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:

Donna Thomas

PRESIDENT/DIRECTOR
DONNA JO THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2002

Date

(407) 299-9009

Daytime Phone #