

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 13 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 19500000 1144

1. Corporation Name  
EASTON PARK HOMEOWNERS ASSOC. INC.

900033117369 0304  
04/20/04--01016--027 \*\*242.00

2. Principal Office Address  
P.O. Box 621528

Suite, Apt. #, etc.

City & State  
OVIEDO FL. 32765

Zip Country  
32765 SEMINOLE

3. Mailing Office Address  
284 EASTON CIRCLE

Suite, Apt. #, etc.

City & State  
OVIEDO FL. 32765

Zip Country  
32765 SEMINOLE

4. Date Incorporated or Qualified  
To Do Business in Florida MARCH 9, 1995

5. FEI Number  
59-3354399

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  
ROBYN LEMUS

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

284 EASTON CIRCLE

Suite, Apt. #, Etc.

City  
OVIEDO FL.

State Zip Code  
FL 32765

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

Robyn Lemus

REGISTERED AGENT MUST SIGN

Date 4-2-04

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
PRES.	ROBYN LEMUS (D)	284 EASTON Cir.	OVIEDO FL. 32765
V.P.	JERRY SCHWARTZ (D)	260 EASTON Cir.	OVIEDO FL. 32765
TRES.	SABATO CARBONE (D)	272 EASTON Cir.	OVIEDO FL. 32765
Sec	AIDA CARBONE (T)	272 EASTON Cir.	OVIEDO FL. 32765

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: Robyn Lemus / ROBYN LEMUS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04 407-359-3070  
Date Daytime Phone #

CR2E081 (01/04)

AB