

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43888**

**1. Corporation Name**

**Natchez Trace Homeowner's Association, Inc.**

**2. Principal Office Address - No P.O. Box #**

**4219 Natchez Trace Drive**

Suite, Apt. #, etc.

City & State

**Saint Cloud, Florida**

Zip

**34769**

Country

**Osceola**

**3. Mailing Office Address**

**4110 Natchez Trace Drive**

Suite, Apt. #, etc.

City & State

**Saint Cloud, Florida**

Zip

**34769**

Country

**Osceola**

**7. Name and Address of Current Registered Agent**

Name

**Jose M. Feliciano**

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

**4219 Natchez Trace Drive**

Suite, Apt. #, Etc.

City

**Saint Cloud,**

State

**FL**

Zip Code

**34769**

**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 **June 11, 2009**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| P      | Jose M. Feliciano                    | 4219 Natchez Trace Drive                          | Saint Cloud, FL 34769 |
| V/S    | Cheryl Wiggins                       | 4230 Natchez Trace Drive                          | Saint Cloud, FL 34769 |
| T      | Carlos Acevedo                       | 4205 Natchez Trace Drive                          | Saint Cloud, FL 34769 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

**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 contained in Chapter 119, 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:** *Jose M. Feliciano* Jose M. Feliciano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/11/09

Date

407 754 8657

Daytime Phone #

**FILED**

09 JUN 15 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000157175720  
06/15/09--01048--013 \*\*306.25

**REINSTATEMENT**

CR2E081 (12/08)

07-09

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

06/13/1991

**5. FEI Number**  
593075671

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.