

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000005286

1. Corporation Name

Serenity at Silver Creek Homeowners'
Association, Inc.

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

600 S. Northlake Blvd.

Suite, Apt. #, etc.

200

City & State

Altamonte Springs, FL

Zip

32701

Country

Seminole

3. Mailing Office Address

600 S. Northlake Blvd.

Suite, Apt. #, etc.

200

City & State

Altamonte Springs, FL

Zip

32701

Country

Seminole

REINSTATEMENT

09-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2007

5. FIC Number

262195789

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

Lusant Ordonez

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

600 S. Northlake Blvd.

Suite, Apt. #, Etc.

200

City

Altamonte Springs

State

FL

Zip Code

32701

400215819764
01/03/12--01042--009 **420.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/29/11

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
D	Lusant Ordonez	600 S. Northlake Blvd. Suite 200	Altamonte Springs, FL 32701
D	Mariher Ordonez	600 S. Northlake Blvd. Suite 200	Altamonte Springs, FL 32701

10. E-mail Address: mariher@zenodro.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

Lusant Ordonez

12/29/11

407-831-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #