

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001141**

1. Corporation Name

VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8130 VINELAND OAKS BLVD
ORLANDO FL 32835
US

Mailing Address

8202 VINELAND OAKS BLVD.
ORLANDO FL 32835
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1993

5. FEI Number

59-3179987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LORENZ, RAYMOND	8130 VINELAND OAKS BLVD	ORLANDO FL 32835
D	HIXON, BRIAN	8209 VINELAND OAKS BLVD.	ORLANDO FL 32835
D	WYRE, MIKE	8202 VINELAND OAKS BLVD	ORLANDO FL 32835
D D	HIXON, CHRISTA FERRARO, ANTHONY	8209 VINELAND OAKS BLVD 8232 VINELAND OAKS BLVD	ORLANDO FL 32835 ORLANDO FL 32835
D	MILLER, ROBERT	8131 VINELAND OAKS BLVD.	ORLANDO FL 32835
100025330071 12/08/03--01081--009 **236.25			

8. Name and Address of Current Registered Agent

WYRE, MIKE
8202 VINELAND OAKS BLVD.
ORLANDO FL 32835

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael J. Wyre
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-3-03

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., 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:

Brian Hixon
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-03

Date

407-938-8584

Daytime Phone #

CR2E040 (7/03)