

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 643688

01 DEC 20 AM 11:33

1. Corporation Name

HOMES AND LAND OF GREATER ORLANDO, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1
LONGWOOD FL 32752

POST OFFICE BOX 1
LONGWOOD FL 32752

P.O. Box 6789
Winter Springs, FL 32708



578 Dunmar Cir
Winter Springs, FL 32708

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/01/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1947138

Applied For

Not Applicable

City & State

City & State

Winter Springs, FL 32708

Zip Country

Zip Country

32708 USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NACHBAR, ART M	123 W. PINE AVE. 578 Dunmar Cir	LONGWOOD FL Winter Springs, FL 32708
STD	NACHBAR, GLORIA J	123 W. PINE AVE. 578 Dunmar Cir	LONGWOOD FL Winter Springs, FL 32708

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****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NACHBAR, ART M.

~~123 W. PINE AVE.~~

~~LONGWOOD FL 32750~~

578 Dunmar Circle
Winter Springs, FL 32708

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

[Signature]
NON SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

November 14, 2001

407-699-6800

CR2E040 (8/01)