PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2025 JUL 08 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FL

400458888714

CR2E081 (11/10)

DOCUMENT # 749897

1. Corporation Name

Wekiva Fairway Townhomes Condominium Assocation, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1255 Winter Garden Vineland Rd		PO Box 785169	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 230			
City & State		City & State	
Winter Garden		Winter Garden	
Zip	Country	Zip	Country
34787	USA	34778	USA

4. Date Incorporated or Qualified To Do Business in Florida
11/27/1979

5. FEI Number
59-1972363

☐ 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
Aspire Community Management

Street Address (P.O. Box Number is Not Acceptable)
1255 Winter Garden Vineland Rd

Suite, Apt. #, Etc.
Suite 230

City	State	Zip Code
Winter Garden	FL	34787

REINSTATEMENT
2023

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 Kathy Bolles Date 7/17/25

REGISTERED AGENT MUST SIGN

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
P	SCHMITT, BARNEY	1255 Winter Garden Vineland Rd. Ste 230	Winter Garden, FL 34787
T	BOYLE, MICHAEL	1255 Winter Garden Vineland Rd. Ste 230	Winter Garden, FL 34787
S	PHILLIPS, KATHLEEN	1255 Winter Garden Vineland Rd. Ste 230	Winter Garden, FL 34787
			M. WILLIAMS
			JUL 25 2025

10. **E-mail Address:** kathyb@aspiremanagement.org
(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: Kathy Bolles 7/17/25 407 614 6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #