

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 22 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763236

1. Corporation Name

KILLARNEY OAKS OWNERS ASSOCIATION, INC.
a Florida non-profit corporation

2. Principal Office Address

3319 Maguire Blvd.

Suite, Apt. #, etc.

Suite 207

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 83-04

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1982

5. FEI Number

☒ 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

Vincent L. Cloyd

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

1920 Lakeside Drive

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32803

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

6/21/04

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
PD	John L. Cloyd	6691 S.W. C.R. #158	Jasper, FL 32052
VPD	Vincent L. Cloyd	1920 Lakeside Drive	Orlando, FL 32803
STD SEC	Agnes Cloyd	3004 Westchester Ave.	Orlando, FL 32803
			800038169258

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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/04

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 767961 81528A

AUTHORIZATION :

COST LIMIT : \$ 1531.25

ORDER DATE : June 22, 2004

ORDER TIME : 11:16 AM

ORDER NO. : 767961-005

CUSTOMER NO: 81528A

CUSTOMER: Ms. Donna Madsen
Kenneth F. Oswald, Esq
Suite 110
600 Courtland Street
Orlando, FL 32804

DOMESTIC FILINGS

NAME: KILLARNEY OAKS OWNERS
ASSOCIATION, INC.

XX REINSTATEMENT (NON-PROFIT)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

RECEIVED
04 JUN 22 PM 2:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

282