

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 17 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767968**

1. Corporation Name

The Alamo Estates and Oak Pointe Subdivisions
Homeowner's Association, Inc.

2. Principal Office Address

3705 Oak Point Blvd

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

FL

Country

Osceola

3. Mailing Office Address

3800 Santa Barbara Road

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34746

Country

United States

REINSTATEMENT 91-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2379012

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

Ana D. Merced

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

3800 Santa Barbara Road

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

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

Ana D. Merced

Date

4/25/02

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
PD	Ana D. Merced	3800 Santa Barbara Road	Kissimmee, FL 34746
TD	Angel Lopez	3705 Oak Pointe Blvd	Kissimmee, FL 34746
SD	Milagros Torres	3875 Oak Point Blvd	Kissimmee, FL 34746

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana D. Merced, PD

Date

4/25/02

Daytime Phone #

40933-5320

CR2E081 (8/01)