## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		TMENT OF STAT y of State CORPORATIONS	017	SECONTAR SECONDARY USIO . TETE SECONDARY  DEED -8 AMII: 14	
DOCUMENT # 769/80  1. Corporation Name  ORChid Creek Condominium  ASSOCIATION, INC.				REDICTATEMENT 94-1073-2/9/16 900168244369	
2. Principal Office Address - No P.O Box # 3. Mailing Office Address  1928 (ATTLEYA DRIVE P.U. Box 420485  Suite, Apt. #, etc. Suite, Apt. #, etc			02/08/1001064006 **104 <b>1.2</b> 5 CR2E081 (11/09)		
City & State  Kissinamee Fl.  Zip Country  34741 USA	City & State  Kissimm  Zip  34742	ee FL Country US A	5. FEI Numbre 5 9 2 3 6.	er 3 // 2 8 9  Soft Status Desired Interest in Florida    Soft Status Desired    Soft Statu	
7. Name and Address of Current Registered Agent  Name FRANK Dekker  Street Address (P.O. Box Number is Not Acceptable) 1928 CATTLEYA DRIVE,  Suite, Apt #. Etc.  City Kissimmee  State Zip Code FL 34741			circum the pr are ce receiv fee be	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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  REGISTERED AGENT MUST SIGN  Date					
9. Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors)					
Titles Name of Officers and/or Directors	Name of Officers and/or Directors		Each rector	City / State / Zip	
PRES FRANK DEKKER 1928 CATTLEYA DRIVE KISSIMMEE FL 34741					
PRES SANDRA HANDY 1938 CATTLEYA DRIVE KISSIMMEE FL. 34741					
TRES JOHANNA JACOBS 1920 CATTLEYA DRIVE KISSIMMER FL. 34741					
* BOARD OF DIRECTURS					
* Robert Anderson 1918 CATTLEYA DRIVE Kissimmee, FA. 34741					
& HERNANDO MARIN 1940 CATTLOYA DRIVE KISSIMMER, FR. 34741					
10. E-mail Address: fortuna de S. Franco & fortuna COM!					
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 filling 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. 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  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytime Phone #					