

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 31 AM 11:45

DOCUMENT # 770587

Corporation Name

ROSE POINT HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT

01-03

5/7/03 01092 013 358-25

Principal Office Address  
180 W. S.R. 434

3. Mailing Office Address  
2180 W. S.R. 434

Suite, Apt. #, etc.  
SUITE 5000

Suite, Apt. #, etc.  
SUITE 5000

City & State  
LONGWOOD, FL

City & State  
LONGWOOD, FL

Zip  
32779

Country  
USA

Zip  
32779

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/05/1983

5. FEI Number  
592405987

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  
JAMES W. HART

Street Address (P.O. Box Number is Not Acceptable)  
2180 W. S.R. 434

Suite, Apt. #, Etc.  
SUITE 5000

City  
LONGWOOD

State  
FL

Zip Code  
32779

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 4/18/03

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
RECEIVER TERRY CRAWFORD		2180 W SR 434 STE 5000	LONGWOOD FL 32779

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:

TERRENCE P. CRAWFORD, RECEIVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-03 407-798-6700