

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT  
2016**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 NOV 23 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 771022

1. Corporation Name

Southpointe Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

3700 Woodgate Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

3700 Woodgate Boulevard

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11-1-1983

5. FEI Number

59-2361122

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

Malcolm P. Galvin III, Esq. (Galvin Law, PL)

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 2300

City

Orlando

State

FL

Zip Code

32801

500292514985  
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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

*MAGIII*

Date

11.16.2016

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/D	John Busconi	3700 Woodgate Boulevard	Orlando, FL, 32822
V/D	Stephanie Anderson	3700 Woodgate Boulevard	Orlando, FL, 32822
T/D	Deborah Skinner	3700 Woodgate Boulevard	Orlando, FL, 32822
S/D	Jacquelyn Nalbhone	3700 Woodgate Boulevard	Orlando, FL, 32822
D	Luis Columna	3700 Woodgate Boulevard	Orlando, FL, 32822

10. E-mail Address: mpg3@galvin-law.com

(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:

*John M. Busconi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/2016

Date

407.765.2536

Daytime Phone #