

152062

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
PTVO OWNERS ASSOCIATION, INC.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 02         |
| Estimated Charge      | \$1,050.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

B10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 JUN -4 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000005949

1. Corporation Name

PTVO Owners Association, Inc.

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

8427 SouthPark Circle

Suite, Apt. #, etc.

Ste. 500

City &amp; State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

8427 SouthPark Circle

Suite, Apt. #, etc.

Ste. 500

City &amp; State

Orlando, FL

Zip

32819

Country

USA

REINSTATEMENT

CR2E081 (11/09)

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 4/17/20007

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Kimberly B. Moret  
as its agent

Date 6/4/10

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| P      | Mark Gray                            | 8427 SouthPark Circle                             | Orlando, FL 32819  |
| V      | Willis Buell                         | 494 210th Street                                  | Homer, NE 68030    |
| S/T    | Peter Hernandez                      | 8427 SouthPark Circle                             | Orlando, FL 32819  |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

10. E-mail Address: amy.bohrmann@wyndhamvo.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 327 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 207.0401 or 617.0401, F.S., that all taxes 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:

MARK GRAY, PRES.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/4/10