

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 JAN 29 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002552

1. Corporation Name

KLUSMAN PLACE CONDOMINIUM  
ASSOCIATION, INC.

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

5321 Cypress Reserve Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

3075 Coral Vine Lane

Suite, Apt. #, etc.

City & State

Winter Park

City & State

Winter Park

Zip

Country

32792

USA

Zip

Country

32792

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/2000

5. FEI Number

593715148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAN HARTLE

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

3075 Coral Vine Lane

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

200268107292  
01/29/15--01026--022 \*\*70.00

200268107292  
01/07/15--01020--007 \*\*910.00

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

Jan Hartle

REGISTERED AGENT MUST SIGN

Date

12-23-2014

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
President	Jennifer Cantrell	1503 W. Smith St.	Orlando, FL 32804
Vice President	Teresa Williams	1450 Chestnut Ave.	Winter Park, FL 32789
Sec. Treasurer	Jan Hartle	3075 Coral Vine Lane	Winter Park, FL 32792

10. E-mail Address: JANHARTLE@GMAIL.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:

Jan Hartle

JAN HARTLE

12/23/14

407.970.0427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

RE 1/29/15