

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PH 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



10/17/03--01077--011 **236.25

DOCUMENT # **N00000005190**

1. Corporation Name

TRAFFORD PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4115 Old Trafford Way

~~4201 OLD TRAFFORD WAY~~

ORLANDO FL 32810

Mailing Address

4115 Old Trafford Way

~~4201 OLD TRAFFORD WAY~~

ORLANDO FL 32810

4115 If above addresses are incorrect in any way, line through and retype information and enter correction below.

2. New Principal Office Address, If Applicable

~~4201~~ **Old Trafford Way**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~4201~~ **Old Trafford Way**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	WILLIAMS, TRAVIS Patricia Apostolakes	4201 OLD TRAFFORD WAY 4212	ORLANDO FL 32810
DT	PISCITELLI, PAUL	4115 OLD TRAFFORD WAY	ORLANDO FL 32810
DV	STONER, JOHN Ken Prachniak	4182 OLD TRAFFORD WAY 4120	ORLANDO FL 32810

8. Name and Address of Current Registered Agent

~~PACULA, E. SCOTT ESQ.~~
~~4218 OLD TRAFFORD WAY~~
ORLANDO FL 32810

9. Name and Address of New Registered Agent

Name
Patricia Apostolakes
Street Address (P.O. Box Number is Not Acceptable)
4212 Old Trafford Way
Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32810

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/15/03**

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 407-291-9218
Date Daytime Phone #

CR2E040 (7/03)