

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *N00000007589*

1. Corporation Name

Altaloma Court Condominium Association, Inc.

REINSTATEMENT *02-03*

2. Principal Office Address

839 Altaloma Av

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32803

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/00

5. FEI Number

59-3723361

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

DARYL G. GRAHAM

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

839 Altaloma Ave

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32803

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

Daryl Graham

REGISTERED AGENT MUST SIGN

Date *11-24-03*

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
<i>P/D</i>	<i>Charles Jackson</i>	<i>833 Altaloma Ave</i>	<i>Orlando, FL 32803</i>
<i>V/D</i>	<i>J. Samuel Butler</i>	<i>835 Altaloma Ave</i>	<i>Orlando, FL 32803</i>
<i>S/H</i>	<i>Donna C WYATT</i>	<i>839 Altaloma Ave</i>	<i>Orlando, FL 32803</i>
<i>D</i>	<i>Daryl G. GRAHAM</i>	<i>839 Altaloma Ave</i>	<i>Orlando, FL 32803</i>

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:

Donna C Wyatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Secretary*

Date

11/24/03

Daytime Phone #

407-896-5470

CR2E081 (10/02)

ALTALOMA COURT CONDOMINIUM ASSOCIATION, INC.

839 Altaloma Avenue
Orlando, FL 32803

November 24, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

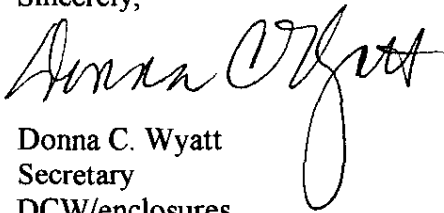
Greetings:

Enclosed please find a properly completed Corporation Reinstatement form and a check in the amount of \$297.50 for reinstatement fees. Please be advised that the amount of \$61.25 was previously sent and is currently on deposit.

If you have any questions, please call me at 407-896-5704.

Thank you for your time and consideration

Sincerely,



Donna C. Wyatt
Secretary
DCW/enclosures