

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2021 MAR 10 AM 8:47

DOCUMENT # N01000001847

1. Corporation Name LAS COLINAS HOMEOWNERS ASSOCIATION, INC.

600361735106  
03/10/21--01004--006 \*\*236.25

2. Principal Office Address - No P.O. Box #  
801 North Main St.

3. Mailing Office Address  
801 North Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

Zip 34744

Country USA

Zip 34744

Country

CR28081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 03/15/2001

5. FEI Number  
59-3707295

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 Empire Management Group - Jose Riestra

Street Address (P.O. Box Number is Not Acceptable)  
801 North Main St.

Suite, Apt. #, Etc.

City Kissimmee

State  
FL

Zip Code  
34744

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 03/05/2021

**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	Beucher, Nicholas F. Jr.	10400 CR 48	Howey-in-the-hills, FL 34737
VP	Beucher, Andrew R.	10400 CR 48	Howey-in-the-hills, FL 34737
T/S	Purser, John Palmer III	10400 CR 48	Howey-in-the-hills, FL 34737

T MOORE  
MAR 15 2021

10. E-mail Address: Hoa@empirehoa.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 617.155, F.S.

SIGNATURE:

Nicholas (Bud) Beucher

*[Signature]*

03/04/2021

352-324-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #