

-PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Central Florida Beta Housing Corporation

2. Principal Office Address

1800 33rd Street

Suite, Apt. #, etc.

Suite-202

City & State

Orlando, FL

Zip

32839

Country

3. Mailing Office Address

P.O. Box 941034

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32794

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03-22-01

5. FEI Number

59-3714529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

**7. Name and Address of Current Registered Agent**

Name

Daniel H. Farmer

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

413 Summit Ridge Place

Suite, Apt. #, Etc.

Apt. 107

City

Longwood, FL

State

FL

Zip Code

32779

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

REGISTERED AGENT MUST SIGN

Date

4.12.04

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
DPST	Daniel H. Farmer	413 Summit Ridge Place Apt 107	Longwood, FL 32779
D	Chris Bauer	P.O. Boxx 2500	Orlando, FL 32816
D	Carl W. Hartley, JR.	200 S. Orange Ave	Orlando, FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel H. Farmer

Date

4.12.04

Daytime Phone #

407-491-3707

CR2081 (01/04)