

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 19 PH 3:53

DOCUMENT # NOI 000006785

1. Corporation Name Omega Apartment Resident Assoc  
2811 Gamma Drive  
Orlando, FL 32810

2. Principal Office Address  
2811 Gamma Drive

Suite, Apt. #, etc.  
Orlando, Florida

City & State

Zip 32810 Country U.S.A

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

City & State

Zip Country

**REINSTATEMENT** 02-05  
04/18/05 90271 021 297.50  
5/16/02 90068 017 61.25

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number N/A 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 Manuel Rojas  
Street Address (P.O. Box Number is Not Acceptable)  
7480 Kappa Ct  
Suite, Apt. #, Etc. Orlando  
City

State FL Zip Code 32810

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 6/15/05

**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	Manuel Rojas	7480 Kappa Ct	Orlando, FL 32810
VP	Herbert Lynam	2559 Gamma Dr	Orlando, FL 32810
T	Cameron Campbell	7404 Kappa Ct	Orlando, FL 32810

900057970989  
07/27/05-01043-018 \*\*\$1.25

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

Date

Daytime Phone #

CR2E081 (01/05)