

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000007956

1. Corporation Name
PARKSIDE AT ERROL ESTATES HOMEOWNERS
ASSOCIATION, INC.

REINSTATEMENT 01-02
700012232407
02/10/03--01115--009 **297.50

2. Principal Office Address
6250 HAZELTINE NATIONAL DR.

3. Mailing Office Address
SAME AS PRINCIPAL

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.

City & State
ORLANDO

City & State
FLORIDA

Zip
32822

Country
USA

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 11.08.01

5. FEI Number 59-3755087

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
DAVID V. AULD

Street Address (P.O. Box Number is Not Acceptable)
6250 HAZELTINE NATIONAL DRIVE, STE. 102

Suite, Apt. #, Etc.
ORLANDO, FL 32822

City
ORLANDO

State
FL

Zip Code
32822

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
David V. Auld
REGISTERED AGENT MUST SIGN

Date 1/30/03

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
PD	DAVID MOSS	6250 HAZELTINE NATIONAL DR., STE. 102, ORLANDO, FL 32822	
VPD	ROBERT LAWSON	6250 HAZELTINE NATIONAL DR., STE. 102, ORLANDO, FL 32822	
SD	BRANDY MURPHY	6250 HAZELTINE NATIONAL DR., STE. 102, ORLANDO, FL 32822	

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:

David Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 857-9101
Daytime Phone #

CR2E081 (10/02)