

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N01395

1. Corporation Name

POINCIANA HOMEOWNER'S ASSOCIATION, INC.

REINSTATEMENT 23



400024510174  
11/07/03--01055--013 \*\*236.25

Principal Place of Business

Mailing Address

C/O KATHERINE KRAUS  
114 BIANCA CT  
POINCIANA FL 34758  
US

C/O KATHERINE KRAUS  
114 BIANCA CT  
POINCIANA FL 34758  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2849152

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	<del>DEPALMA, ANTHONY</del> Ivy Schuler	722 BEAR WAY 901 DARTmouth CT	KISSIMMEE FL 34759 Kissimmee, FL 34758
VD	HATCHER, WALTER	602 CADDY DRIVE	KISSIMMEE FL 34759
S	JIMENEZ, ELIZABETH	606 KOAIA COURT	KISSIMMEE FL 34759
TD	KRAUS, KATHERINE	114 BIANCA COURT	KISSIMMEE FL 34759
D	WATSON, ARNIM	707 TOLTEC PLACE	POINCIANA FL 34758

8. Name and Address of Current Registered Agent

KRAUS, KATHERINE  
114 BIANCA CT  
POINCIANA FL 34758

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Katherine Kraus*  
REGISTERED AGENT MUST SIGN

Date 11-5-03

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., 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:

*Katherine Kraus* KATHERINE KRAUS 11-5-03 407-847-6012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)