

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000000610

1. Corporation Name

Eagle Point Homeowners Association Inc.

2. Principal Office Address - No P.O. Box #

205 Eagle Point Loop

Suite, Apt. #, etc.

City & State

Auburndale FL

Zip

33823

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida **12/06/2001**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shane McCabe

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

114 Eagle Point Blvd.

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

Shane McCabe

REGISTERED AGENT MUST SIGN

Date **10/02/2008**

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	Shane McCabe	114 Eagle Point Blvd.	Auburndale FL 33823
V	Rafael Lozano III	208 Eagle Point Loop	Auburndale FL 33823
S	Stephanie Lake	205 Eagle Point Loop	Auburndale FL 33823
M	Damon Ortiz	116 Eagle Point Blvd.	Auburndale FL 33823
T	Kimberly Novak	160 Eagle Point Blvd.	Auburndale FL 33823

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 contained in Chapter 119, 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:

Shane McCabe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/2008

Date

(863) 207-2541

Daytime Phone #

10/3/08