

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000004331

1. Corporation Name

Bourne Hills Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #
708 S. Summerlin Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32801

Country
USA

3. Mailing Office Address
708 S. Summerlin Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32801

Country
USA

7. Name and Address of Current Registered Agent

Name
Michael Guillory Jr.

Street Address (P.O. Box Number is Not Acceptable)
708 S. Summerlin Ave.

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

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

Michael Guillory Jr.
REGISTERED AGENT MUST SIGN

Date 04/13/2007

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
<u>P/D</u>	<u>Michael Guillory Jr.</u>	<u>708 S. Summerlin Ave.</u>	<u>Orlando, FL 32801</u>
<u>S/T</u>	<u>Kimberly K. Martin</u>	<u>710 S. Summerlin Ave</u>	<u>Orlando, FL 32801</u>

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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:

Michael Guillory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/2007

Date

Daytime Phone #

07 APR 17 PM 12:47

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2002

5. FEI Number

75-3057990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.