

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 MAR 23 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA200196016972
03/23/11--01028--001 **201,2503/07/11-01070-006 3500
200196016972

CR28081 (11/10)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02000009623

1. Corporation Name

Corniche Townhomes Homeowners Association, Inc.

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

225 S Westmonte Dr

3. Mailing Office Address

PO Box 162147

Suite, Apt. #, etc.

#3310

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32712

Country

USA

Zip

32714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/2002

5. FEI Number

42-1575752

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

Vista Community Association Management

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

225 S Westmonte Drive

Suite, Apt. #, Etc.

Suite #3310

City

Altamonte Springs

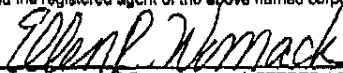
State

FL

Zip Code

32714

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

Date 3/18/11

REGISTERED AGENT MUST SIGN

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	Benson, Kevin	PO Box 162147	Altamonte Springs, FL 32716
T	Negar Sharifi	PO Box 162147	Altamonte Springs, FL 32716
S	Carlson, Lisa	PO Box 162147	Altamonte Springs, FL 32716
D	Hightower, Billy	PO Box 162147	Altamonte Springs, FL 32716

REINSTATEMENT

RH

10. E-mail Address: ifrazler@vista-cam.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #