

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 12 AM 11:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N104000011930

1. Corporation Name

FORMOSA CORNERS HOMEOWNERS'
ASSOCIATION, INC.

700093257327
03/16/07--01017--020 **89.96

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address

2406 Formosa Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2406 Formosa Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

Orange

Zip

32804

Country

Orange

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

12-22-04

5. FEI Number

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

Stephanie E. Nelson

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

2406 Formosa Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

[Signature]

Date

1-18-07

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	Stephanie E. Nelson	2406 Formosa Ave	Orlando, FL 32804
T	Chad Widcamp	2404 Formosa Ave	Orlando, FL 32804
S	Sam David Scott	45 East Orlando St	Orlando, FL 32804

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03/16/07--01017--023 **89.41

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-07

Daytime Phone

305
775
0433