

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : BOWEN, RADSON, SCHROTH, P.A.
Account Number : I200100000026
Phone : (352) 589-1414
Fax Number : (352) 589-1726

CORPORATION REINSTATEMENT

PALMS OF MOUNT DORA CONDOMINIUM ASSOCIATION, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04777

1. Corporation Name

Palms of Mount Dora Condominium Assn., Inc.

2. Principal Office Address - No P.O. Box #
1400 Eudora Road3. Mailing Office Address
1400 Eudora Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mount Dora, FloridaCity & State
Mount Dora, FloridaZip
32159Country
USZip
32159Country
US

7. Name and Address of Current Registered Agent

Name
Bowen Radson Schroth, P.A.Street Address (P.O. Box Number is Not Acceptable)
600 Jennings Avenue

Suite, Apt. #, Etc.

City
EustisState Zip Code
FL 327264. Date Incorporated or Qualified
To Do Business in Florida 1/29/20095. FEI Number
59-2690895Applied For
☒ Not Applicable6. 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent*Bowen Radson Schroth, P.A.*

Date 1/29/2009

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
PD	NOYES, STEPHEN	2318 LAKE GRIFFIN ROAD	LADY LAKE, FLORIDA 32159
VPD	BROWN, CRAIG	9942 CR 44	LEESBURG, FLORIDA 34788
STD	HIGGINS, NANCY	1400 EUDORA ROAD #H-75	MOUNT DORA, FLORIDA 32757
D	BUCKLEY, KEVIN	3681 CLUBLAND DRIVE	MARIETTA, GEORGIA 30068
D	TERWILLIGER, BLAKE	1400 EUDORA ROAD #B-14	MOUNT DORA, FLORIDA 32757

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:

Stephen A. Noyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2009 352-255-4481

Date Daytime Phone #

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B. Williams DEC 30 2008

FILED
09 JAN 30 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

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