PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	REINSTA			EMEN			MAR 2 1 2016 R. HUNT			
,	 		~ em A F7 7	7 B # F	THE THE					
Secretary	Tiffany Williams			P.O. Box 1621			147	Altamonte Springs, FL 32716		
VP/Treasurer	Steve Teal			P.O. Box 1621			147	Altamonte Springs, FL 32716		
PRESIDENT	Jason O'Neil			P.O. Box 162			147	Altamonte Springs, FL 32716		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
9. Name:	s and Street A	ddresses of Each Officer and	or Director (Flori	da nonprofit corp	orations mu	st list at lea	st 3 directors)			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obling Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 3-2-2016		
	onte Spr		e nomed corner	FL	3271)!	607 0505 617 0502		
Suite #	# 3310			State	Zip C	ode				
225 Sc Suite, Apt		stmonte Drive							The second second	
		UNITY ASSOCIAN Number is Not Acceptable)		NAGEM	ENT		60 03/18	0 <mark>0283545</mark> /160103200	:246 ? **!75.∩0	
Name		7. Name and Address of	Current Registe	ered Agent						
32714	4	USA	32716		SA		6. CERTIFICA	ATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Altamonte Springs			Altamonte Springs				5. FEI Number Applied For Not Applical 59-2719530 Not Applical		Applied For Not Applicable	
Suite	#3310 •	<u>)</u>	- City & State			Date Incorporated or Qualified To Do Business in Florida 05/03/1999				
·				.O. BOX 162147 uite, Apt. #, etc.			CR2E081 (11/10)			
				Office Address			.03./10/16 -01032 -006 **€1.35			
Orchard Homeowners Association, Inc.							500283545246 03/18/1601032006 **61.25			
DOCUMENT # N0500003112							SECRE W. M. C. LANGE TALLAHASSEE, FLORIDA			
REINSTATEMENT				A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS			FILED 16 MAR 21 MA 9: 23			

ATTIFFE DISMINISTRATION AND THE PROPERTY OF SIGNING OFFICER OF DIRECTOR SIGNATURE:

^{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 hat 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.