

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 JUN 30 AM 8 12

DOCUMENT # **NO5000003858**

1. Corporation Name

Country Chase of Central Florida Homeowners Association, Inc.

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

1477 Country Chase Drive

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 92270

Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

Zip

33810

Country

USA

Zip

33804

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/2005

5. FEI Number

562512849

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

Daniel F. Pilka

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

213 Providence Road

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

600273887476  
06/30/15--01023--002 \*\*\$1.25

600273887476  
06/10/15--01023--013 \*\*\$236.25

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

REGISTERED AGENT MUST SIGN

Date

6/8/15

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	Luis Vega	1477 Country Chase Dr	Lakeland, Fl. 33810
VP	Michael Scott	1465 Country Chase Dr	Lakeland, Fl. 33810
S	Milton Champion	7870 Country Chase Ave	Lakeland, Fl. 33810
<b>REINSTATEMENT</b>			JUN 30 2015
			R. HUNT

10. E-mail Address: dpilka@pilka.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:

Milton Champion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-15

Date

863-286-5954

Daytime Phone #