

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 AM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004170

1. Corporation Name

Winter Garden Business Park Property Owners Association, Inc.

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

1220 Winter Garden Vineland Road

3. Mailing Office Address

9198 Greenback Lane

Suite, Apt. #, etc

Suite 100

Suite, Apt. #, etc

Suite 115

City & State

Winter Garden, Florida 34787

City & State

Orangevale, CA 95662

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2005

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
Daniel Barnewolt

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

1220 Winter Garden Vineland Road

Suite, Apt. #, Etc

Suite 100

City

Winter Garden

State

FL

Zip Code

34787

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Daniel Barnewolt

REGISTERED AGENT MUST SIGN

Date

8/22/07

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
DP	Dale A. Williams	2755 Bristol Street, #140	Costa Mesa, CA 92626
DS	Rory Williams	2755 Bristol Street, #140	Costa Mesa, CA 92626
DVT	Lori Brenning	2755 Bristol Street, #140	Costa Mesa, CA 92626

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:

Lori Brenning

Lori Brenning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/07

Daytime Phone #

916/989-2800