

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 23 AM 11:35
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005247

1. Corporation Name
FLORES DEL RIO CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 1820 Turnbull Lakes Dr.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Smyrna Beach FL 32168		City & State same	
Zip 32168	Country Volusia	Zip same	Country USA

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09/22/08-01069-005 **271.25
REINSTATEMENT 08

4. Date Incorporated or Qualified To Do Business in Florida	05/19/2005
5. FEI Number 203555468	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Roy Adams			
Street Address (P.O. Box Number is Not Acceptable) 1820 Turnbull Lakes Dr.			
Suite, Apt. #, Etc.			
City New Smyrna Beach	State FL	Zip Code 32168	

☐ 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 Roy Adams Date 9/16/08
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	Watson, Todd	1005 Faulkner St.	New Smyrna Beach, FL 32169
TD	Cristy, Alfredo	1253 Valley Creek Run	Winter Park, FL 32792
SD	Wilkins, Jane	275 Middleway	New Smyrna Beach, FL 32169

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: Todd Watson Todd Watson Date 9/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #