

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 19 AM 11:56

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000005593

1. Corporation Name

Fawn Meadow at Deer Creek Phase One Homeowners' Association, Inc.

W10 - 53601

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

c/o Florida Association Management, Inc.

3. Mailing Office Address

Suite, Apt. #, etc.

16 W. Dackin Avenue

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Zip

34741

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 5/31/2005

5. FEI Number

203080391

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

Dollie Boyd c/o Florida Association Management, Inc.

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

16 W. Dackin Avenue

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

☐ 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

Dollie Boyd
REGISTERED AGENT MUST SIGN

Date

10/26/10

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	<i>Pauline</i> Paul Palacios	16 W. Dackin Avenue	Kissimmee, FL 34741
VP	Arlene Malebella	16 W. Dackin Avenue	Kissimmee, FL 34741
T/S	Michael Brenaskie	16 W. Dackin Avenue	Kissimmee, FL 34741

10. E-mail Address:

(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., 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.

SIGNATURE:

Pauline Palacios *Pauline Palacios*

Date

10/26/10

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000187782660
11/15/10 01025-001 \$4297.50
CR2E081 (11/09)