

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN 11 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000009204

1. Corporation Name
APSHAWA VIEW SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

1-15-07

2. Principal Office Address - No P.O. Box #
300 E. DIVISION STREET

3. Mailing Office Address
300 E. DIVISION STREET

REINSTATEMENT 06

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MINNEOLA, FL

City & State
MINNEOLA, FL

4. Date Incorporated or Qualified
To Do Business in Florida

Zip
34715

Country
USA

Zip
34715

Country
USA

5. FEI Number
20-4835606

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
CUMMINS, NORMAN C. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
2215 CLUSTER OAK DRIVE

Suite, Apt. #, Etc.
SUITE 2

City
CLERMONT

State
FL

Zip Code
34711

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date _____

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	KOCIELKO, JERRY	300 E. DIVISION STREET	MINNEOLA, FL 34715
VSTD	THOMPSON, ROBERT	1958 BRANTLEY CIRCLE	CLERMONT, FL 34711

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____