

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000011094

1. Corporation Name

Bristol Cove at Deer Creek Homeowners' Association, Inc.

W10-53604

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

c/o Florida Association Management, Inc.

Suite, Apt. #, etc.

16 W. Dackin Avenue

City & State

Kissimmee, Florida

Zip

34741

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2005

5. FEI Number

203795595

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

10/31/10

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	Calvin Cole	16 W. Dackin Avenue	Kissimmee, FL 34741
VP	Brian Muhich	16 W. Dackin Avenue	Kissimmee, FL 34741
T/S	Barbara Baxter	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:

Cal Cole

Cal Cole

Date

10/31/10

Daytime Phone #