

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03

DOCUMENT # NO 5479

1. Corporation Name

DEERWOOD I CONDOMINIUM
ASSOCIATION, INC

2. Principal Office Address

1166 PELICAN BAY DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32119

Country

USA

3. Mailing Office Address

1166 PELICAN BAY DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32119

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-04-84

5. FEI Number

592688832

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

MICHELE BARKIN

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

1166 PELICAN BAY DR.

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code

32119

300020795533

06/12/03--01010-014 **1785.00

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

Michele Barkin

REGISTERED AGENT MUST SIGN

Date

4-30-03

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 | BEATRIZ GONZALES | 187 WHITE FAWN DR | DAYTONA BEACH, FL 32114 |
| V | JESSICA SCHILDER | 141 WHITE FAWN DR | DAYTONA BEACH, FL 32114 |
| T | MARY JANE WEINHUFER | 162 WHITE FAWN DR. | DAYTONA BEACH, FL 32114 |
| S | ALMA LAFONTAINE | 100 WHITE FAWN DR. | DAYTONA BEACH, FL 32114 |
| D | BONNIE QUATROCCI | 103 WHITE FAWN DR. | DAYTONA BEACH, FL 32114 |
| | | | |

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 under section 119.07(3)(i), 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:

Alma G. LaFontaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALMA G. LAFONTAINE, SEC

5-6-03 (386)255-0391

Date

Daytime Phone #

CR2E081 (10/02)