PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 27 PM 9:13

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000004037

1. Corporation Name

EMERALD LAKE POINCIANA HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 2012

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1627 EAST VINE STREET		1627 EAST VINE STREET	
Suite, Apt. #, etc SUITE#200		Suite, Apt. #, etc SUITE#200	
City & State KISSIMMEE		City & State KISSIMMEE	
Zip 34744	Country USA	Zip 34744	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/16/2006

5. FEI Number
208797187
☐ 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
TITAN MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
1627 EAST VINE STREET

Suite, Apt. #, Etc.
SUITE#200

City	State	Zip Code
KISSIMMEE	FL	34744

300237921503
07/27/12--01043--018 **175.00

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 _____ Date 7/24/12
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
D/P	Stephen W. Orosz	1627 EAST VINE STREETSUITE#200	KISSIMMEE, FL 34744
D/V	J. Matthew Orosz	1627 EAST VINE STREETSUITE#200	KISSIMMEE, FL 34744
D/S	Benjamin Snyder	1627 EAST VINE STREETSUITE#200	KISSIMMEE, FL 34744

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Ben Snyder 7/25/12 407-705-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 27 2012
C. BUTLER