

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

n06000007400

1. Corporation Name

FILED SEURETARY OF STATE MIVISION OF CORPORATIONS

19 MAY - 9 PM 6: 15

FOREST RIDGE HOA

2. Principa	I Office Address - No P	.O. Box #	3. Mailing	Office Addre	SS			o TAN	ndrenes Vistoiti		771	i 35, 75
3112 W. LAKE MARY BLVD 31				3112 W. LAKE MARY BLVD				UQX 10				
Suite, Apt. #, etc			Suile, Apt #, etc					CR2E081 (11/10) 4. Date Incorporated or Qualified				
			City & State						iness in Florida			
LAKE MARY, FL			LAKE MARY				5. FET Number 65-1285884			Applied For		
			32746		UNITED STATE			6. CERTIFICATE DE STATUS DESIRED \$8.			75 Additional Fee required for a Certificate of Status	
	7. Nam	e and Address of	Current Reg	istered Agei	nt		一	•	· ·			
Street Addi	R ASSOCIATION ress (P.O. Box Number V. LAKE MAR	is Not Acceptable)		NTRAL FLO	ORIDA	A, INC.						
Suite, Apt,	#, Elc				Slāle	Zip C	ode					
LAKE	MARY				FL	32740						
8. I, being Signature of Registered		MX60	Della GISTERED A	<u> </u>		with and ac	cept the obli	gations of secti	on 607,0505 o Date <u>5/2</u>		.S.	
9. Names	and Street Addresses of	ol Each Officer and	/or Director (F	lorida nonpro	ofit corp	orations mu	st list at leas	t 3 directors)				·
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip			
PRESIDENT	KURT M	1CLAUG	SLIN_	3112	W. I	LAKE	MARY	BLVD	LAKE	MAR	Y, FL	32746
\$ECRETARY ORI	RICHA	ARD BIC	E	3112	W. 1	LAKE	MARY	' BLVD	LAKE	MAR	Y, FL	32746
VICE PRESIDENT	HENR	Y PRAT	S	3112	W. I	LAKE	MARY	BLVD	LAKE	MAR'	/, FL	32746
							·			N	AY 09	2019
	- <u>411 </u>		• 7517		•	. '5_ 1		•• ••	4 .	D	CUSI	HING

10 E-mail Address: JENNY SEPULVEDA@PREMIERMGMTCFL.COM

(To be used for future annual report notification)

S	SIGNATURE: LIP/YED/CNEW ho//N-	£13/30 t D	101 100 5001
	/ ////		
	if made under oath. I am awere year false information submitted in a document to the Department of State constitutes a third degre	e felony as provided fr	or in s 817 155 F.S.
	owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degre SIGNATURE:	signature shall have the	he same legal effect as
	remains application, the region of dissultion has been similated the corporate have solitales the requirements of section	001 040101011 040	i, r.o , and macaniees
• • •	reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section	607 0401 or 617 040	LES and that all look
11	receive that rain an officer of director of the receiver of flustee empowered to execute this application as provided for in chapter of	υνονιστιν, ΕS πuriner ce	ruty that when tiling this

 A CONTRACTOR OF THE CONTRACTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2019

407-430-5391

Daytime Phone # ****