

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 16 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000008592

1. Corporation Name

Chelsea's Run Homeowners' Association, Inc.
104 Church Street
Kissimmee, FL 34741

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

104 Church St.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/14/2006

5. FEI Number

26-1211166

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

Brian M. Mark

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

104 Church St.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-10-07

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
DP	George Arnold	341 W. Oak St.	Kissimmee, FL 34741
DV	Richard Bradley	341 W. Oak St.	Kissimmee, FL 34741
DST	Brian M. Mark	104 Church St.	Kissimmee, FL 34741

200110855216

10/16/07--01058--003 **61.25

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]

Brian M. Mark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/07

Date

407-932-3933

Daytime Phone #

10/17/07