PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 JUN 17 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/17/22--01007--012 **542.50

CR2E081 (11/10)

DOCUMENT # N06000012405

1. Corporation Name
Magnolia Villas Orlando Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2693 W Fairbanks Ave		2693 W Fairbanks Ave	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Winter Park, Florida		City & State Winter Park, Florida	
Zip 32789	Country USA	Zip 32789	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/04/2006

5. FEI Number 46-0590330 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: ZKS Registered Agent Services, LLC

Street Address (P.O. Box Number is Not Acceptable): 315 E Robinson Street

Suite, Apt. #, Etc.: Suite 600

City: Orlando — State: FL — Zip Code: 32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: [signature] As Manager
REGISTERED AGENT MUST SIGN

Date: June 16, 2022

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	Kenneth Polsinelli	2693 W Fairbanks Ave, Ste 200	Winter Park, FL 32789
D	Jason Schaller	2693 W Fairbanks Ave, Ste 200	Winter Park, FL 32789
D	Dan Moore	2693 W Fairbanks Ave, Ste 200	Winter Park, FL 32789

T. WILSON
JUN 17 2022

10. E-mail Address: RegisteredAgent@ZKSRAServices.com
(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: Dan Moore, Director [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/22
Date

407-425-7010
Daytime Phone #