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

DOCUMENT # N06000012405

1. Corporation Name

Magnolia Villas Orlando Condominium Association, Inc.

300388712523
06/17/22--01007--012 **542.50

CR2E081 (11/10)

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 #