

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 MAR 13 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06271

1. Corporation Name

Southbrooke Community Association, Inc.

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

5756 S. Semoran Blvd.

Suite, Apt. #, etc

City & State

Orlando, Florida

Zip

32822

Country

USA

3. Mailing Office Address

5756 S. Semoran Blvd.

Suite, Apt. #, etc

City & State

Orlando, Florida

Zip

32822

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 20, 1984

5. FEI Number

59-2646078

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

House of Management Enterprises for Community Assoc., Inc.

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

5756 S. Semoran Blvd.

Suite, Apt. #, etc

City

Orlando

State

FL

Zip Code

32822

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

REGISTERED AGENT MUST SIGN

Date 2.7.2019

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
Pres	Anita Mosier	5756 S. Semoran Blvd.	Orlando, FL 32822
VP	Maria Ortiz	5756 S. Semoran Blvd.	Orlando, FL 32822
Tres	Darryl Willette	5756 S. Semoran Blvd.	Orlando, FL 32822
			MAR 13 2019
			C SNEAD

10. E-mail Address: czook@houseofmgmt.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:

- Maria Ortiz

2/11/2019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #