

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 MAR 29 PM 3:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000002287

1. Corporation Name

4787 Resort Condominium Association, Inc.

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

4787 W. Irlo Bronson Memorial Hwy

3. Mailing Office Address

4787 W. Irlo Bronson Memorial Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

Zip

34746

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2007

5. FEI Number

☐ 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

Hotelmex Realty, Inc.

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

2107 Gunn Highway

Suite, Apt. #, Etc.

Suite 210

City

Odessa

State

FL

Zip Code

33556

500226690195
03/29/12--01019--025 **297.50

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.

HOTELMAX REALTY, INC.

Signature of
Registered Agent

By: *[Signature]*

REGISTERED AGENT MUST SIGN

Date

3-18-12

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	Jeff Carter	3719 S. Plaza Drive	Santa Ana, CA 92704
			S. HAWKES
			MAR - 2012
			EXAMINER

REINSTATEMENT

10. E-mail Address: **jeff@ITIGroupLLC.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:

[Signature] **JEFF CARTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-12

Date

7145464255

Daytime Phone #