PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 OCT 22 AM 11:41
STATE
TALLAHASSEE, FL

700438897807
10/22/24--01009--019 **175.00

DOCUMENT # N07000011344

1. Corporation Name
CARLYLE RESIDENCES SOUTH AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
323 Circle Drive	323 Circle Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: USA	Zip: 32751 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11/26/2007

5. FEI Number: 261571417 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $10.00 Additional Fee Required For a Certificate of Status

7. Name and Address of Current Registered Agent

Name: VISTA COMMUNITY ASSOCIATION MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable): 323 Circle Drive

Suite, Apt. #, Etc.:

City: Maitland State: FL Zip Code: 32751

REINSTATEMENT 2024

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: _____ Date: 09/18/2024
REGISTERED AGENT MUST SIGN

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
P	Carl Rausch	323 Circle Drive	Maitland, FL 32751
VP	Marco Meccia	323 Circle Drive	Maitland, FL 32751
S	Smithy Sipes	323 Circle Drive	Maitland, FL 32751

10. E-mail Address: invoices@vistacamfl.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: Carl Rausch 10/01/2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT 23 2024
M. WILLIAMS