Amount due $297.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 APR -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07637

1. Corporation Name
Sandalwood Homeowners Association of St. Cloud, Inc

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5156 Boggy Creek Rd	3227 Cleopatra Ct
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: St. Cloud, Florida	City & State: St. Cloud, FLorida
Zip: 34771 Country: USA	Zip: 34771 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/11/1985 filed 2/14/1985

5. FEI Number: 59-2599709 ☐ 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: Kathya Ayala Sanchez

Street Address (P.O. Box Number is Not Acceptable): 3227 Cleopatra Ct.

Suite, Apt. #, Etc:

City: St Cloud State: FL Zip Code: 34771

900297695119
04/06/17--01027--001 **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.

Signature of Registered Agent: Kathya Ayala Sanchez Date: 4-1-17
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	Kathya Ayala Sanchez	3227 Cleopatra Ct	St. Cloud, FL 34771
V	Karen Lane	3290 Anthony Dr.	St. Cloud, FL 34771
S	Sandra Gonzalez	3219 Anthony Dr.	St. Cloud, FL 34771
T	Gail Beggardly	Lot 195 5150 Boggy Creek Rd	St Cloud, FL 34771
D	Dora McMillan	3159 Anthony Dr.	St. Cloud, FL 34771
D	Pablo Gutierriez	3189 Anthony Dr.	St Cloud, FL 34771
D	Fernando Collazo	4995 Kellchris Ln	St Cloud, FL 34771

10. E-mail Address: gemini6kat@yahoo.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: Kathya Ayala Sanchez 4/1/17 (321)746-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PC 4/7/17