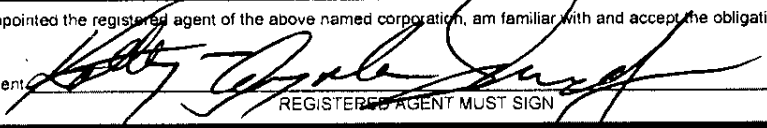
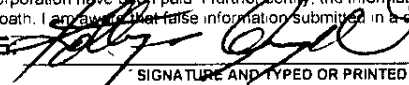


Amount due \$297.50

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 # N 07637					
1. Corporation Name Sandalwood Homeowners Association of St. Cloud, Inc					
2. Principal Office Address - No P.O. Box # 5156 Boggy Creek Rd Suite, Apt. #, etc		3. Mailing Office Address 3227 Cleopatra Ct Suite, Apt. #, etc			
City & State St. Cloud, Florida Zip 34771 Country USA		City & State St. Cloud, Florida Zip 34771 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 2/11/1985 5. FEI Number 59-2599709 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					
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 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	5150 Boggy Creek Rd Lot 1 95		St Cloud, FL 34771	
D	Dora McMillan	3159 Anthony Dr.		St. Cloud, FL 34771	
D	Pablo Gutierrez	3189 Anthony Dr.		St Cloud, FL 34771	
D	Fernando Collazo	4995 Kellechris 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		Date 4/1/17 (321) 46-2102 Daytime Phone #	

RE 4/1/17