

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 17 PM 1:59

DOCUMENT # N09306

1. Corporation Name
TIFFANY WOODS
HOMEDOWNERS ASSOCIATION, INC.

2. Principal Office Address

40 PENN FIRST MGMT, INC.

Suite, Apt. #, etc.

1813 N DEAN RD, STE 103

City & State

ORLANDO FL

Zip

32817

Country

USA

3. Mailing Office Address

40 PENN FIRST MGMT, INC.

Suite, Apt. #, etc.

1813 N DEAN RD, STE 103

City & State

ORLANDO FL

Zip

32817

Country

USA

REINSTATEMENT 02-03

5/1/02 81559 021 861.25

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2963985

Applied For

Not Applica

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

PENN FIRST MANAGEMENT, INC.

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

1813 N DEAN RD, STE 103

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

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

LAURENCE SHEELER

Date 3/24/03

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
<u>PD</u>	<u>MICHAEL STODDARD</u>	<u>41001 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>
<u>VPD</u>	<u>DENNIS TILLMAN</u>	<u>41012 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>
<u>SD</u>	<u>COLLEEN BROWN</u>	<u>41068 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>
<u>TD</u>	<u>KEVIN BEACH</u>	<u>41023 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>
<u>D</u>	<u>ROBERT BUONO</u>	<u>41055 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>
<u>D</u>	<u>TODD CAMPBELL</u>	<u>41009 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>
<u>D</u>	<u>MICHAEL MAZUR</u>	<u>41070 TIFFANY WOODS CIR</u>	<u>OVIEDO, FL 32765</u>

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

Daytime Phone #