

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 MAY 16 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N10587

**1. Corporation Name**

DEERWOOD IN CONDOMINIUM  
ASSOCIATION, INC

**2. Principal Office Address**

1166 PELICAN BAY DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32119

Country

USA

**3. Mailing Office Address**

1166 PELICAN BAY DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32119

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-7-85

**5. FEI Number**

592688840

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

MICHELE BARKIN

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

1166 PELICAN BAY DR.

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32119

**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

*Michele Barkin*

Date

4-30-03

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
P	BEATRIZ GONZALES	187 WHITE FAWN DR	DAYTONA BEACH, FL 32114
V	JESSICA SCHILDER	141 WHITE FAWN DR	DAYTONA BEACH, FL 32114
T	MARY JANE WEINHUFER	162 WHITE FAWN DR.	DAYTONA BEACH, FL 32114
S	ALMA LAFONTAINE	100 WHITE FAWN DR	DAYTONA BEACH, FL 32114
D	BONNIE QUATROCCI	103 WHITE FAWN DR.	DAYTONA BEACH, FL 32114

**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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*Alma L. Lafontaine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-03 (386) 255-0391

Date

Daytime Phone #

CR2E081 (10/02)