PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2019 MAR -5 PM 5:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12698

1. Corporation Name
Association of Southbrooke Condominium 5, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5756 S. Semoran Blvd.	5756 S. Semoran Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32822 / Country: USA	Zip: 32822 / Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: December 20, 1985

5. FEI Number: 59-2617313 — Applied For / Not Applicat

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee requ for a Certificate of Statu

7. Name and Address of Current Registered Agent

Name: House of Management Enterprises for Community Assoc., Inc.
Street Address (P.O. Box Number is Not Acceptable): 5756 S. Semoran Blvd.
Suite, Apt #, Etc.:
City: Orlando — State: FL — Zip Code: 32822

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: Cheryl Zook — Date: 2.7.19
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
Pres	Maria Ortiz	5756 S. Semoran Blvd.	Orlando, FL 32822
VP	Maria Caragena	5756 S. Semoran Blvd.	Orlando, FL 32822
Tres	Diane Sanchez	5756 S. Semoran Blvd.	Orlando, FL 32822

10. E-mail Address: czook@houseofmgmt.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: Maria Ortiz — 2/11/2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T MOORE