

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 15 AM 9:58

**DOCUMENT #** N13590

**1. Corporation Name**

CASCADE OAKS HOMEOWNERS" ASSOCIATION, INC.

**2. Principal Office Address**

PMB 739

4546 S Semoran BLVD

Suite, Apt. #, etc.

Orlando, FL

City & State

Zip 32822-2408

Country USA

**3. Mailing Office Address**

PMB 739

4546 S Semoran BLVD

Suite, Apt. #, etc.

Orlando, FL

City & State

Zip 32822-2408

Country USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/25/1986

**5. FEI Number**

59-2645400

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

Judson Reel

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

4024 Rapids Ct

Suite, Apt. #, Etc.

City

Orlando, FL 32822

State  
FL

Zip 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

*Judson Reel*

REGISTERED AGENT MUST SIGN

Date 9/11/00

**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/D	Reel, Judson	4024 Rapids Ct	Orlando/FL/32822
S/D	Carbonneau, Karen	8264 Cascade Oaks Dr	Orlando/FL/32822
D	Tsugawa, Cheryl	8210 Sumpter Ct	Orlando/FL/32822-7784
D	Griffin, Todd	8219 Sumpter Ctr	Orlando/FL/32822-7784

**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:**

Cheryl L. Tsugawa

*Cheryl L. Tsugawa*

8/29/0000 (407) 820-2917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #