PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N13856

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Regency Park Homeowners Association, Inc

Principal Place of Business	Mailing Address
5905 England Ave. P.O. Box 680683 Orlando, Fl 32868	5619 Tammany Ct. P.O. Box 680683 Orlando, Fl ~~32868~~ 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 03/17/86

5. FEI Number 59-2778367 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Walstad, Susan President	5619 Tammany Ct Orl, Fl 32808	Orl, Fl 32808
D	Lawrence, Betsy Treasurer	5816 England Ave.	Orl, Fl 32808
D	Hollis, Charles Vice President	5561 Parkhurst Dr.	Orl, Fl 32808

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REINSTATEMENT 98-00

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Susan Walstad 5619 Tammany Ct Orl, Fl 32808	Name S. Walstad Street Address (P.O. Box Number is Not Acceptable) 5619 Tammany Ct Suite, Apt. #, Etc. City Orlando State FL Zip Code 32808

CR2E081 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Susan Walstad Date 10/2/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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.

Betsy Lawrence

SIGNATURE: Betsy Lawrence 10/2/99 (407) 880-6480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #