

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT
2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18301
1. Corporation Name
Derby Downs Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 6972 Lake Gloria Blvd Suite, Apt. #, etc.		3. Mailing Office Address 6972 Lake Gloria Blvd Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809	Country USA	Zip 32809	Country USA

4. Date incorporated or Qualified To Do Business in Florida
12-17-1988

5. FET Number
65-0106731

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
Leland Management

Street Address (P.O. Box Number is Not Acceptable)
6972 Lake Gloria Blvd

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32809

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 *Rebecca Inab* Date *12-2-2014*

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
VP	Gail Kreklow	6972 Lake Gloria Blvd	Orlando, FL 32809
ST	Shirley Kirchner	6972 Lake Gloria Blvd	Orlando, FL 32809
D	Joyce Avery	6972 Lake Gloria Blvd	Orlando, FL 32809
D	Ted Gammons	6972 Lake Gloria Blvd	Orlando, FL 32809
D	James McClure	6972 Lake Gloria Blvd	Orlando, FL 32809

10. E-mail Address: lweathers@lelandmanagement.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: *Gail Kreklow* Date *12/2/14*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR