

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N23164

1. Corporation Name

EMERALD LAKE HOME OWNERS' ASSOCIATION UNIT I, IN C.

Principal Place of Business

Mailing Address

1109 MAIRI CRT  
KISSIMMEE FL 34744  
US

1109 MAIRI CRT  
KISSIMMEE FL 34744  
US

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

2. 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

10/26/1987

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	TROXELL, JEAN L.	1484 PATRICIA ST	KISSIMMEE FL 34744
P	TREJOS, HARVEY TREJO, ALVARO J	1109 MAIRI CRT	KISSIMMEE FL 34744
VP	RODRIGUE, JOE	1421 EMERALD DR	KISSIMMEE FL 34744
S	SALEM, BECKY	2644 ROBIN AVE	KISSIMMEE FL 34744
D	GETTY, DARROW D	2661 ANN AVENUE	KISSIMMEE FL 34744
D	RILEY, JAMES	2665 LUCY AVE	KISSIMMEE FL 34744

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TREJOS, ALVARO J  
1109 MAIRI CRT  
KISSIMMEE FL 34744

Name

TREJOS, ALVARO J

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

1109 MAIRI CRT

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Alvaro J. Trejos

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/2002

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., 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:

Alvaro J. Trejos

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

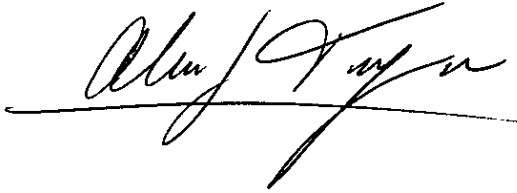
10/22/2002

Daytime Phone #

To Whom It May Concern:

This letter is to confirm that the Emerald Lake Home Owner's Association Unit 1 , did not receive the two, Prior Uniform Business Report (UBR) notices.

Sign Alvaro J. Trejos. ( President )

A handwritten signature in cursive script, appearing to read "Alvaro J. Trejos", written over a horizontal line.

10/22/2002.