

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24611

1. Corporation Name

MAITLAND SUMMIT PROPERTY OWNERS ASSOCIATION, INC.

900035839389

05/10/04--01124--002 **551.25

2. Principal Office Address

1900 Summit Tower Blvd.

Suite, Apt. #, etc.

Suite 750

City & State

Orlando, Florida

Zip

32810

Country

USA

3. Mailing Office Address

1900 Summit Tower Blvd.

Suite, Apt. #, etc.

Suite 750

City & State

Orlando, Florida

Zip

32810

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1988

5. FEI Number

59-2968189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

7. Name and Address of Current Registered Agent

Name

SHAWN RADER

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

215 NORTH EOLA DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32801

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

SHAWN RADER

REGISTERED AGENT MUST SIGN

Date 4/30/04

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
D	KEITH IVEY	1900 Summit Tower Blvd. Suite 750	Orlando, Fl. 32810
D	NANCY GOLDENBERG	1900 Summit Tower Blvd. Suite 750	Orlando, Fl. 32810
D	MARGIE SCOTT	1900 Summit Tower Blvd. Suite 750	Orlando, Fl. 32810

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

KEITH IVEY, DIRECTOR

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(407) 618-1285

Daytime Phone #

CR2E061 (01/04)