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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 AUG 14 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200250728912  
08/14/13--01024--001 \*\*1286.25

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

April 25, 1988

5. FEI Number

592889885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kristine Velasquez

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

7220 Dogleg Court

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

See attached for Signature  
REGISTERED AGENT MUST SIGN

Date

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	Kristine Velasquez	7220 Dogleg Court	Port Richey, FL 34668
T/D	Adelaide B. Walters	7214 Dogleg Court	Port Richey, FL 34668
S/D	Florence Bruey	7457 Mulligan Street	Port Richey, FL 34668

REINSTATEMENT-1996-2013

10. E-mail Address: kdmbbv@gmail.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:

Kristine Velasquez

727-847-0292

Date

Daytime Phone #

8/9/13

C.L.

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AFFIDAVIT OF KRISTINE VELASQUEZ

STATE OF FLORIDA )  
COUNTY OF PASCO )

Before me, the undersigned Notary Public, personally appeared Kristine Velasquez and she deposes and states as follows:

1. My name is Kristine Velasquez and I make this Affidavit based on my personal knowledge.

2. I am a Director and the President of ORCHID LAKE VILLAGE UNIT TEN HOMEOWNERS ASSOCIATION, INC.

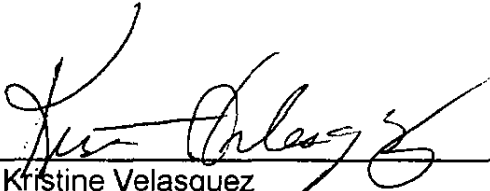
3. ORCHID LAKE VILLAGE UNIT TEN HOMEOWNERS ASSOCIATION, INC.

(Document number N01000006699) will not revoke its Articles of Dissolution.

4. ORCHID LAKE VILLAGE UNIT TEN HOMEOWNERS ASSOCIATION, INC.

has released its corporate name for use by ORCHID LAKE VILLAGE UNIT TEN

HOMEOWNERS ASSOCIATION, INC. (Document number N26065).

  
Kristine Velasquez

SWORN TO and SUBSCRIBED before me by Kristine Velasquez as President of ORCHID LAKE VILLAGE UNIT TEN HOMEOWNERS ASSOCIATION, INC. on behalf of said corporation this 9<sup>th</sup> day of August, 2013. Kristine Velasquez produced the following identification or is personally known to me.

My Commission Expires:

  
Notary Public

