

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 32530

1. Corporation Name

VILLA D'ESTE OLD WORLD HOMES
HOMEOWNERS' ASSOCIATION

2. Principal Office Address - No P.O. Box #

40 MACAW PROPERTIES, INC

Suite, Apt. #, etc.

498 ESTHER LANE

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

USA

3. Mailing Office Address

40 MACAW PROPERTIES, INC

Suite, Apt. #, etc.

P.O. Box 160115

City & State

ALTAMONTE SPRINGS FL

Zip

32716-0115

Country

USA.

7. Name and Address of Current Registered Agent

Name

WILLIAM B. BRIGGLE

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

498 ESTHER LANE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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

William B. Briggie

REGISTERED AGENT MUST SIGN

Date 3/16/09.

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	Mike Klarhurst	2464 Via Genova	Apopka FL 32712
VP	Steve Brooks	2472 Via Genova	Apopka FL 32712
T	Jack Fine	2467 Via Genova	Apopka FL 32712
S	DJ Kaplan	2432 Via Genova	Apopka FL 32712.

400148305134
04/01/09--01038--021 **96.25

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 contained in Chapter 119, 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:

William B. Briggie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/09
Date

407-774-1874
Daytime Phone #

FILED

09 APR -1 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.