

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

98 DEC 31 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33659**

1. Corporation Name

**BRIGHTON PLACE/ADRIANE PARK MASTER HOMEOWNER'S
ASSOCIATION, INC.**

Principal Place of Business

1070 BRIGHTON PL BLVD
KISSIMMEE FL 34744

Mailing Address

1070 BRIGHTON PL BLVD
KISSIMMEE FL 34744

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1989

5. FEI Number

59-2994452

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DS	WHITMORE, PAM Napolitano, Mary Ann	652 ADRIANE PK CIR 920 Brighton Place Blvd.	KISSIMMEE FL 34744
DP	TRACE, BOB Smoley, John	1860 WILLINGHAM WAY 649 Adriane Park Circle	KISSIMMEE FL 34744
TD	SMOLEY, JOHN Steinhilber, Theodore	649 ADRIANE PK CIR 733 Adriane Park Circle	KISSIMMEE FL 34744
D	GRAPES, ROBERT Nuss, William	1835 WILLINGHAM WAY 800 Brighton Place Blvd.	KISSIMMEE FL 34744
D	NAZZARO, RAY	725 ADRIANE PARK CIR.	KISSIMMEE FL

8. Name and Address of Current Registered Agent

TRACE, BOB
1860 WILLINGHAM WAY
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name **SMOLEY, JOHN** 800002573-4768-921-0
Street Address (P.O. Box Number is Not Acceptable) **649 ADRIANE PARK CIRCLE**
Suite, Apt. #, Etc.
City **Kissimmee** State **FL** Zip Code **34744**

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.

Signature of
Registered Agent

John Smoley

REGISTERED AGENT MUST SIGN

Date

12/8/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/98

Daytime Phone #

870-9090

CR2040 (7/96)