


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>15 MAR -5 PM 8:36</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <u>N37891</u>					
1. Corporation Name  <u>Victoria Chase Homeowner's Association, Inc.</u>					
2. Principal Office Address - No P.O. Box # <u>4546 Malik Cresent</u> <small>Suite, Apt. #, etc.</small>			3. Mailing Office Address <u>4546 Malik Cresent</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>Orlando FL</u>			City & State <u>Orlando, FL</u>		
Zip <u>32810</u>	Country <u>US</u>	Zip <u>32810</u>	Country <u>US</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>04/23/1990</u>	
5. FEI Number <u>593009039</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED				58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Michelle Richardson</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4546 Malik Cresent</u>					
Suite, Apt. #, Etc.					
City <u>Orlando</u>		State <u>FL</u>	Zip Code <u>32810</u>	<b>000270301620</b> <b>03/05/15--01022--024 **236.25</b>	
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 <u>Michelle Richardson</u> Date <u>2/20/2015</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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	Damien Jones	6780 Brittany Chase Ct.		Orlando, FL 32810	
V	Ray Perez	6795 Brittany Chase Ct.		Orlando, FL 32810	
V	Carlos Thillet	4037 Yeats St.		Orlando, FL 32828	
T	Carline Mertus	6792 Brittany Chase Ct.		Orlando, FL 32810	
S	Michelle Jones	6780 Brittany Chase Ct.		Orlando, FL 32810	
<b>REINSTATEMENT</b>					
10. E-mail Address: <u>president@victoriachasehoa.com</u> <small>(To be used for future annual report notification)</small>					
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: <u>Damien Jones</u>		Date <u>2/20/2015</u>		Daytime Phone # <u>321-277-1934</u>	