

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -7 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38533

1. Corporation Name

ARAGON ACRES PROPERTY OWNERS ASSOCIATION, INC

2. Principal Office Address

3894 N. Hwy. 17

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32724

Country

USA

3. Mailing Office Address

P.O. Box 578

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32721

Country

USA

REINSTATEMENT 93-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 11, 1990

5. FEI Number

59-3362667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael P Nordman

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

112 N Florida Ave

Suite, Apt. #, Etc.

City

DeLand,

State

FL

Zip Code

32720

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

Michael P. Nordman

Date 6/30/04

REGISTERED AGENT MUST SIGN

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	Dennis Bennett	5265 Myakka Rd.	DeLeon Springs, FL 32130
V	Owen Regan	5245 Myakka Rd.	DeLeon Springs, FL 32130
S/T	Theresa Martinez	5240 Myakka Rd.	DeLeon Springs, FL 32130

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:

Dennis Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386
6/30/04
804 0509