

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 20 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N38903*

**1. Corporation Name**

Fallbrook Homeowners Association, Inc.

**2. Principal Office Address**

1240 Erik Court

**3. Mailing Office Address**

1240 Erik Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

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

6/19/1990

**5. FEI Number**

59-3052728

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

Thomas A Pello, Jr

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

1240 Erik Court

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

*Thomas A Pello Jr*

Date

*7/17/05*

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
PD	Tyler Penn	1221 Erik Court	Altamonte Springs, FL 32714
VD	Wendy Amat	1228 Erik Court	Altamonte Springs, FL 32714
TD	Thomas A Pello, Jr	1240 Erik Court	Altamonte Springs, FL 32714
SD	Lisa Stebbins-Pello	1240 Erik Court	Altamonte Springs, FL 32714

**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:

*Thomas A Pello Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*7/17/05* (407) 340-8555

Daytime Phone #

CR2E081 (01/05)

262

Fallbrook Homeowner Association, Inc  
Document Number N38903  
Altamonte, Springs, FL 32714  
July 17, 2005

Department of State  
Reinstatement Department  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

***Re: Request for Reinstatement Waiver***

Dear Department of State:

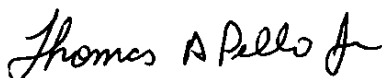
Our Not for Profit Corporation is a homeowners association comprising of 15 homes that was administratively dissolved on 09/19/03 for failure to file an annual report. After inquiries were made by the Board of Directors, it was determined that an annual report mailed by your Department was made to our Registered Agent who moved without notifying other Board Members. In addition, the mailing was not forwarded by the United States Post Office. Unfortunately the Directors on the Board at that time were unfamiliar with the filing requirement and did not know to request another.

Please accept the enclosed payment of \$183.75 (\$61.25 x 3 years) and consider waiving the \$175.00 reinstatement fee.

If you have any questions, need additional information or unable to grant the waiver, please contact me so I may make the appropriate corrections to the fee. I can be reached during the day at (407) 340-8555.

Your consideration of the above mentioned matter will be greatly appreciated.

Sincerely,



Thomas A Pello, Jr  
Treasurer

Enclosure

