

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44995

1. Corporation Name

FLAMINGO LAKES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

Attwood-Phillips, Inc.

1350 Orange Ave Ste 100

City & State
Winter Park FL

Zip

32789

Country

USA

3. New Mailing Office Address, If Applicable

Attwood-Phillips, Inc.

1350 Orange Ave Ste 100

City & State
Winter Park FL

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1991

5. FEI Number

59-3124282

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Steve Brodict	2334 Flamingo Lakes Dr	Kissimmee FL 34743
TD	Rosetta Williams	2320 Flamingo lakes Dr	Kissimmee FL 34743
SD	Anna Bonilla	2309 Cormorant St	Kissimmee FL 34743
			900003066149--1 -12/10/99--01009--001 ***1190.00 ****297.50
REINSTATEMENT 99-1178			

8. Name and Address of Current Registered Agent

Roger V. Phillips
Attwood-Phillips, Inc.
1350 Orange Ave Ste 100
Winter Park FL 32789

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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: STEVEN BRODICT Pres. *Steven Brodict*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407/644-4500
11-19-99
#215

CR2E081 (12/98)