

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 29 PH 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N47266

1. Corporation Name

SHEFFIELD 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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/11/1992

~~Attwood-Phillips, Inc.~~  
Suite, Apt. #, etc.  
1350 Orange Ave Ste 100

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Suite, Apt. #, etc.  
1350 Orange Ave Ste 100

5. FEI Number

59-3213209

Applied For

Not Applicable

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA

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. Titles	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
PD	Candace Parker	2246 Stonehedge Loop	Kissimmee FL 34743
VD	Ron Carrasquillo	1810 Wimbledon St	Kissimmee FL 34743
TD	Tom Sorval	1800 Wimbledon St	Kissimmee FL 34743
SD	Eileen Eldridge	1802 Wimbledon St	Kissimmee FL 34743

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8. Name and Address of Current Registered Agent

9. Name and Address of the Registered Agent \*\*\*297.50

Arena Management Group, Inc.  
3485 W Vine St  
Kissimmee FL 34741

Name

Roger V. Phillips

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

Attwood-Phillips, Inc.

Suite, Apt. #, Etc.

1350 Orange Ave Suite 100

City

Winter Park

State

FL

Zip Code

32789

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

*[Handwritten Signature]*

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Candace Parker*  
Candace B Parker

#215  
407/644-4500

11-20-99

Daytime Phone #

CR2E081 (12/98)