

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

~~Attwood-Phillips, Inc.~~

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

City & State Winter Park FL

Zip 32789 Country USA

3. New Mailing Office Address, If Applicable

~~Attwood-Phillips, Inc.~~

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

City & State Winter Park FL

Zip 32789 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1992

5. FEI Number

59-3213209

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)

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

REINSTATEMENT

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-12/10/99--01009--001

8. Name and Address of Current Registered Agent

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

9. Name and Address of Current Registered Agent

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

*[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

*Candace Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#215  
407/644-4500

11-20-99

Daytime Phone #

CR2E081 (12/98)