PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

93-98

FILED
98 MAY -1 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47561

1. Corporation Name Rio Pinar Lakes Unit 4 Community Association Inc. W98-8998

Principal Place of Business	Mailing Address
c/o Angelia Gordon Property Management 4030 Dijon Dr Orlando FL 32809	

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

REINSTATEMENT OD

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Angelia Gordon Property MGT	
Suite, Apt. #, etc.: 4030 Dijon DR	Suite, Apt. #, etc.
City & State: Orlando FL	City & State
Zip: 32809 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/81

5. FEI Number: 59-2140596 ☐ 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 Title(s)	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	Blyss Schoppert D	2332 Palm Creek Ave	Orlando FL 32822
VP/T	Deanna Karom D	2325 Palm Creek Ave	Orlando FL 32822
S	Rick Nelson D	2337 Palm Creek Ave	Orlando FL 32822
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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Angelia Gordon Property MGT 4030 Dijon DR Orlando FL 32808	Name: Angelia Gordon Property MGT Street Address (P.O. Box Number is Not Acceptable): 4030 Dijon DR Suite, Apt. #, Etc.: City: Orlando State: FL Zip Code: 32808

CR2E040 (1/98)

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: Blyss Schoppert REGISTERED AGENT MUST SIGN Date: 3/10/98

11. This corporation owes or has paid 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: X Blyss Schoppert SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/18/98 — Daytime Phone #: 407/870-1112