

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 22 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47649

1. Corporation Name

Ashley Park Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box #

7651-A Ashley Park Court

Suite, Apt. #, etc.

Suite 401

City & State

Orlando, FL

Zip

32835

Country

US

3. Mailing Office Address

7651-A Ashley Park Court

Suite, Apt. #, etc.

Suite 401

City & State

Orlando, FL

Zip

32835

Country

US

200137181742
10/22/08--01050--012 **358.75
REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/02/1992

5. FEI Number
650317618

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

Richard Norris, Esq.

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

7651-A Ashley Park Court

Suite, Apt. #, Etc.

Suite 401

City

Orlando, FL

State

FL

Zip Code

32835

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Richard W Norris

Date 10-21-08

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
P/D	Richard Norris, Esq.	7651-A Ashley Park Ct, Ste 401	Orlando, FL 32835

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 contained in Chapter 119, 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:

Richard W Norris

Richard W Norris

10-21-08

407-294-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10123