

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N47810

1. Corporation Name

COTTAGES OF COLLEGE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

500 RUGBY ST
ORLANDO FL 32804

1016 CAMPBELL ST.
ORLANDO FL 32806
US



REINSTATEMENT

98-01

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

03/12/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	GAY, GERALD A JR	1016 CAMPBELL ST	ORLANDO FL
DST	GAY, CARLA J	1016 CAMPBELL ST	ORLANDO FL
D	REBER, JOHN C	966B E MICHIGAN ST	ORLANDO FL

500004494175--0
-07/24/01--01092--012
****420.00 ****420.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REBER, JOHN C.
109 E CHURCH ST
FIFTH FLOOR
ORLANDO FL 32801-3391

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date June 28, 2001

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: Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/5/01 407 719-2518
Daytime Phone #