

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N48712**

1. Corporation Name **Southern Acres Homeowners Association, Inc.**

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STATE
TALLAHASSEE, FLORIDA

W99000004570

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

5511 Hansel Avenue

3. New Mailing Office Address, If Applicable

See Box 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip **32809**

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/92

5. FEI Number

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
D	Douglas P. Hooker	5511 Hansel Avenue	Orlando, FL 32809
D	Cecil D. Moore	5511 Hansel Avenue	Orlando, FL 32809
D	Robert J. Rowcrans	5511 Hansel Avenue	Orlando, FL 32809

REINSTATEMENT

93-99

8. Name and Address of Current Registered Agent

**Douglas P. Hooker
5526 Force Four Parkway
Orlando, FL 32809**

9. Name and Address of New Registered Agent

Name

Cecil D. Moore

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

5511 Hansel Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

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

REGISTERED AGENT MUST SIGN

Date

2-10-99

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

Cecil Moore

Date

2-10-99

Daytime Phone #

407 851-1519