

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000794

1. Corporation Name

MALIBU HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

C/O JESSIE L. WINDOM JR.
4408 MALIBU STREET
ORLANDO FL 32811

C/O JESSIE L. WINDOM JR.
4408 MALIBU STREET
ORLANDO FL 32811

W99000028145



REINSTATEMENT 98-99

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

03/08/1993

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3208733

Applied For

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
PD	WINDOM, JESSIE JR	4408 MALIBU STREET	ORLANDO FL 32811
D	UNICK, KEN	4449 MALIBU STREET	ORLANDO FL 32811
VD	PAUL, GEORGE	327 FANFAIR STREET	ORLANDO FL 32811
SD	FIGGINS, BETTYE J	201 FANFAIR STREET	ORLANDO FL 32811
TD	WINDOM, JOHN	471 GILMAN CIRCLE	ORLANDO FL 32811
8888883105258-4 -01/20/00--01103--018 *****2.00 *****2.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WINDOM, JESSIE L JR
4408 MALIBU STREET
ORLANDO FL 32811

Name

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

Suite, Apt. #, Etc.

City

8888883105258-4

-01/20/00--01103--017

*****297.50 *****297.50

FL

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 11/30/99

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/99

407-298-0294

CR2E040 (1/98)