

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

98 MAY -4 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93600003238

1. Corporation Name

Quail Ridge Homeowner's Association  
OF Orlando, Inc

Principal Place of Business

Mailing Address

5514 Red Bone Ln  
Orlando FL 32810

<Same>

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7-20-93

5. FEI Number

59-3218837

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)

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
P	MARCIA DA COSTA	5514 Red Bone Ln	Orlando FL 32810
VP	BASIL HARRIS	5579 Red Bone Ln	Orlando FL 32810
T	Neville Robertson	5669 Partridge Dr	Orlando FL 32810
D	Cynthia Williams	5445 Blue Tick Dr	" " 32810
D	Benny Santiago	5660 Chukar Dr	" " 32810

8. Name and Address of Current Registered Agent

Sonia L. Senior  
5451 Red Bone Ln  
Orlando FL 32810

9. Name and Address of New Registered Agent

Name  
MARCIA DA COSTA  
Street Address (P.O. Box Number is Not Acceptable)  
5514 Red Bone Ln  
Suite, Apt. #, Etc.  
0  
City  
Orlando  
State  
FL  
Zip Code  
32810

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA DA COSTA 4-30-98

Date

Daytime Phone #

CR20040 (1/98)