

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003573

1. Corporation Name

DEER POINT COMMUNITY  
ASSOCIATION, INC.

2. Principal Office Address

387 DEER POINT CIR  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

CASSELBERRY FL

City & State

SAME

Zip

Country

32707 SEMINOLE

Zip

Country

SAME SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3216423

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

DALLAS L. SELBY

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

387 DEER POINT CIRCLE 800025075338

Suite, Apt. #, Etc.

City

CASSELBERRY REINSTATEMENT

State

FL

Zip Code

32707

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

Dallas L. Selby  
REGISTERED AGENT MUST SIGN

Date 17 Nov 2003

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
PRES	DALLAS L. SELBY	387 DEER POINT CIR	CASSELBERRY FL 32707
TRE	CHARLES SCHULMAN	375 DEER POINT CIR	CASSELBERRY FL 32707
SEC	PAULA COFFMAN	386 DEER POINT CIR	CASSELBERRY FL 32707
DIR	SARAH COLUMBUS	356 DEER POINT CIR	CASSELBERRY FL 32707
DIR	RON RAYMOND	351 DEER POINT CIR	CASSELBERRY FL 32707

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 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:

DALLAS L. SELBY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Nov 2003  
Date

407-699-9976  
Daytime Phone #

CH2E081 (10/02)