


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93 000004821			
1. Corporation Name Valencia Woods Homeowners Association, Inc.			
2. Principal Office Address 1633 E. Vine St		3. Mailing Office Address 1633 E. Vine St	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State Kissimmee FL		City & State Kissimmee FL	
Zip 34744	Country USA	Zip 34744	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3212175	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Leland Management, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 1633 E. Vine Street			
Suite, Apt. #, Etc. Suite 110			
City Kissimmee		State FL	Zip Code 34744
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 <i>Rebecca J. J. J.</i>		Date 10-10-01	
REGISTERED AGENT MUST SIGN			
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
PD	Irene Junkerman	8750 Foley Dr.	Orlando FL 32825
SD	Joann Baalman	8714 Foley Dr.	Orlando FL 32825
D	Christina Acevedo	8613 Claiborne	Orlando FL 32825
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: <i>Irene Junkerman</i>		Date 10-19-01	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407-384-6643	

FILED
01 OCT 22 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2001-10-19

300004663563-8
-11/06/01-01070-017
****238.25 ****238.25

CR2E081 (9/00)