

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 19 PM 12:00

DOCUMENT # N94000000467

1. Corporation Name

Valencia Pointe Homeowner's Association, Inc.

2. Principal Office Address - No P.O. Box #

822 McClean Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

USA

3. Mailing Office Address

822 McClean Court

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32825

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/1994

5. Fed Number

59-3232374

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

Karen Church

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

822 McClean Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Karen Church

Date: 5-13-08

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
P	Karen Church	822 McClean Court	Orlando, FL 32825
VP	John Moffett	818 McClean Court	Orlando, FL 32825
Sec	Cynthia Sarria	834 McClean Court	Orlando, FL 32825
REINSTATEMENT 06-08 B 5/22/08			

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 contained in Chapter 619, 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:

Karen Church

Karen Church

5/12/08

407-227-5589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #