

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

00 OCT -6 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-00

DOCUMENT # N94000003075

1. Corporation Name

HELSA PARC EAST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

2611 Technology Drive
Suite 207
Orlando, FL 32804

Mailing Address

2611 Technology Drive
Suite 207
Orlando, FL 32804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

550 Mamaroneck Avenue
Suite, Apt. #, etc.
Suite 203
City & State
Harrison NY

3. New Mailing Address, If Applicable

550 Mamaroneck Avenue
Suite, Apt. #, etc.
Suite 203
City & State
Harrison NY

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/94

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	Belin, Theodore A. Rosen, Michael E. (D)	2611 Technology Dr., Ste. 207 550 Mamaroneck Ave., Ste. 203	Orlando, FL 32804 Harrison, NY 10528
DVT V	Rosen, Michael E. Clark, Dave (D)	2611 Technology Dr., Ste. 207 2250 Avenida del Vera	Orlando, FL 32804 N. Ft. Myers, FL 33917
DVS ST	Flanagan, Claire Schoen, Jim (D)	2611 Technology Dr., Ste. 207 550 Mamaroneck Ave., Ste. 203	Orlando, FL 32804 Harrison, NY 10528
			700003483887--3 -12/04/00--01006--016 *****542.50 *****542.50
			700003483887--3 -12/08/00--01010--001 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

Sobering Gray & White P.A.
201 S. Orange Ave., Suite 760
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name
W. Scott Callahan
Street Address (P.O. Box Number is Not Acceptable)
37 North Orange Avenue
Suite, Apt. #, Etc.
Suite 200
City
Orlando

State
FL

Zip Code
32801

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

AD

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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
Michael E. Rosen, President

Date

Daytime Phone #

10-2-00

914-777-3100

CR2E040 (12/95)