

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004800

1. Corporation Name

SHELBY PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1350 Orange Ave Ste 100
Winter Park FL 32789

PO Box 1208
Winter Park FL 32790-1208

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0563546

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	Paul Kyger	2304 Finwick Ct	Kissimmee FL 34743
VPD	Jaime Acosta-Grubb	2506 Shelby Cir	Kissimmee FL 34743
STD	Basil Nichols	2498 Shelby Cir	Kissimmee FL 34743

REINSTATEMENT 99 LITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Roger V. Phillips
Attwood-Phillips, Inc.
1350 Orange Ave Ste 100
Winter Park FL 32789

Name

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

000003066150--8

Suite, Apt. #, Etc.

-12/10/99--01009--001

City

***1190.00

State

FL

Zip Code

****297.50

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 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:

Paul Kyger Jr. Paul Kyger, Jr., Pres. 11-22-99

Date

Daytime Phone

407/644-4500

CRCE081 (12/98)