

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 AM 10:52

10/29

95-97

DOCUMENT # N94000005138

1. Corporation Name **THE SAVANNAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**1112 WASHINGTON AVENUE
WINTER PARK, FLORIDA 32789**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip Country Zip Country

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)	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
DP	Edward J. Kleiman	1112 Washington Avenue	Winter Park, Florida 32789
DVP	Keith D. Ray	1112 Washington Avenue	Winter Park, Florida 32789
D	Susan H. Kleiman	1112 Washington Avenue	Winter Park, Florida 32789
			600002333356--4 -10/29/97-01128-018 ****297.50 ****297.50
			600002333356--4 -10/29/97-01128-019 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

Edward J. Kleiman
1112 Washington Avenue
Winter Park, Florida 32789

9. Name and Address of Now Registered Agent

Name **Philip Tatich**
Street Address (P.O. Box Number is Not Acceptable)
341 North Maitland Avenue
Suite, Apt. #, Etc.
Suite 340
City **Maitland** State **FL** Zip Code **32751**

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

Philip Tatich

REGISTERED AGENT MUST SIGN

Date **October 10, 1997**

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:

Keith Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/97 407/628-0805
Daytime Phone #