

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

05 MAY 13 PM 3:11

DOCUMENT # **N9600001789**

**1. Corporation Name**

Chatham Woods Homeowners' Association, Inc.

**100055413871**  
05/27/05--01051--011 \*\*297.50

**2. Principal Office Address**

5507 Chatham Woods Ct

**3. Mailing Office Address**

5507 Chatham Woods Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando

Zip

32808

Country

Orange

Zip

32808

Country

Orange

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/02/1996

**5. FEI Number**

593430277

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

Tris L Tanner

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

5507 Chatham Woods Ct

Suite, Apt. #, Etc.

City

Orl

State

FL

Zip Code

32808

**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

*[Signature]*

Date

4/17/05

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	Tris L Tanner	5507 Chatham Woods Ct	Orlando, FL 32808
V.P	Marcus Perry	5549 Chatham Woods Ct	Orlando, FL 32808
S	Lucresha Brown	5555 Chatham Woods Ct	Orlando, FL 32808
A. S	Darryl Henderson	5501 Chatham Woods Ct	Orlando, FL 32808
T	Larry Glenn	5525 Chatham Woods Ct	Orlando, FL 32808
A. T	Nelly Mendez	5513 Chatham Woods Ct	Orlando, FL 32808

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05

Date

407-625-5122

Daytime Phone #

CR2E081 (01/05)