

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002264

1. Corporation Name

Stonegate At Windsor
Homeowners Association, Inc

500162143195

0/26/09--01006--019 **358.75

CR2E081 (12/08)

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

2253 Blue Sapphire Circle

3. Mailing Office Address

2253 Blue Sapphire Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

4/25/1996

5. FEI Number

59-3528238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Orlando FL

City & State

Orlando FL

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

Shatoya Sanders

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

11248 Isles of Waterbridge

Suite, Apt. #, Etc

Apt 108

City

Orlando

State

FL

Zip Code

32837

☒ 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

Shatoya Sanders

Date

10/21/09

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/D	Tanya Johnson	2253 Blue Sapphire Circle	Orlando FL 32837
V/D	Jorge Inocencio	2240 Blue Sapphire Circle	Orlando FL 32837
T/D	Gladstone Roberts	2220 Blue Sapphire Circle	Orlando FL 32837
S/D	Maria Rodriguez	2200 Blue Sapphire Circle	Orlando FL 32837

REINSTATEMENT

RH

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 119, 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

10/21/09

Date

407-854-3844

Daytime Phone #