

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
05 NOV 30 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001675

1. Corporation Name

Eden Park Estates Homeowners Association, Inc.

2. Principal Office Address

1271 Sydney Court

Suite, Apt. #, etc.

3. Mailing Office Address

1271 Sydney Court

Suite, Apt. #, etc.

City & State

Altamonte Springs FL 32714

Zip

32714

Country

USA

City & State

Altamonte Springs, FL 32714

Zip

32714

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/21/1997

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300061791103  
11/30/05--01039--001 \*\*297.50

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Charles D. Wilder

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

159 Lookout Place

Suite, Apt. #, Etc.

Suite 101

City

Maitland

State

FL

Zip Code

32757

REINSTATEMENT

04-05

DEC 01 2005  
N/A

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

Charles D. Wilder

Date 11/28/2005

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	John Albert	1279 Sydney Court	Altamonte Springs, FL 32714
T/D	Charles D. Wilder	1271 Sydney Court	Altamonte Springs, FL 32714
D	Maureen Gray	1267 Sydney Court	Altamonte Springs, FL 32714
D	Matt Firestone	1287 Sydney Court	Altamonte Springs, FL 32714
D	David Smith	1283 Sydney Court	Altamonte Springs, FL 32714

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:

Charles D. Wilder

Charles D. Wilder, Treasurer 11/28/05 407-644-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #