

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED
 99 DEC -6 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000170**

1. Corporation Name
PARKVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
111 WEST ROBINSON STREET ORLANDO FL 32801	111 WEST ROBINSON STREET ORLANDO FL 32801

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida	01/13/1998
5. FEI Number	59-3494647
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JAMES M. HOFFORD, JR.	111 WEST ROBINSON STREET	ORLANDO FL 32801
D	DEREK SUTTON	111 WEST ROBINSON STREET	ORLANDO FL 32801
D	DAN WILLETT	111 WEST ROBINSON STREET	ORLANDO FL 32801
			600003071726--2 -12/15/99--01096--007 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHAN, REINHARD G
 2699 LEE ROAD SUITE 540
 WINTER PARK FL 32789

Name **HARKLEY R. THORNTON**
 Street Address (P.O. Box Number is Not Acceptable) **5695 BELLES RD.**
 Suite, Apt. #, Etc. **SUITE B-100**
 City **ORLANDO** State **FL** Zip Code **32810**

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 *Harkley R. Thornton* Date **11/30/99**
 REGISTERED AGENT/MUST SIGN

11. 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.

KE

SIGNATURE: *James M. Hofford, Jr.* **James M. Hofford, Jr.** Date **11/30/99** Daytime Phone # **407-423-3456**

CR2E040 (8/99)