


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 **John Harris**
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 6:00

DOCUMENT # **N98000000880**

1. Corporation Name

VISTA COVE OF ORLANDO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

10139 VISTA COVE LN 10139 VISTA COVE LN
 ORLANDO FL 32825 ORLANDO FL 32825
 US US



02/01/01 90128 029 A70.00

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

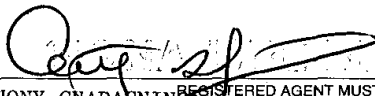
2. New Principal Office Address, If Applicable 135 W. Pineview Street Suite, Apt. #, etc. Altamonte Springs, FL City & State 32714 Zip		3. New Mailing Office Address, If Applicable 135 W. Pineview Street Suite, Apt. #, etc. Altamonte Springs, FL City & State 32174 Zip		4. Date Incorporated or Qualified To Do Business in Florida 02/13/1998	
Country USA		Country USA		5. FEI Number 59-3534045	
				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
VD	GIRO, MIGUEL LOPEZ, YIARILUZ	10201 VISTA COVE LANE 10127 Vista Cove Lane	ORLANDO FL 32825
PD	MEGILL, NANCY	10249 VISTA COVE LN	ORLANDO FL 32825
SD TD	MATTHEWS, PERLA RAMIREZ, ARLENE	10103 VISTA COVE LN 10133 Vista Cove Lane	ORLANDO FL 32825
XXX	ARLENE, RAMIREZ	10133 VISTA COVE LN	ORLANDO FL 32825

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GIRO, MIGUEL 10201 VISTA COVE LANE ORLANDO FL 32825		Name PRESIDENTIAL GROUP SOUTH, INC. Street Address (P.O. Box Number is Not Acceptable) 135 W. Pineview Street Suite, Apt. #, Etc. City ALTAMONTE SPRINGS State FL Zip Code 32714	

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  Date 10/19/01

ANTHONY GNADAFINI 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.

SIGNATURE:  10/19-01 407682-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (801)



PGS

PRESIDENTIAL GROUP SOUTH, INC.

Condominium and Homeowners Association Management
*Property Management * Leasing * Residential * Commercial*

2

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Vista Cove of Orlando HOA
#N98000000880

Enclosed please find completed form for reinstatement. Original form was filled out and mail, copy of cashed check enclosed. Per a phone call with your office on October 12, paperwork was sent back for corrections but was never received by anyone as there is a new registered agent. Please waive any reinstatement fees since we were never notified of changes that needed to be made.

Please do not hesitate to contact me at (407) 682-3355 Ext. 107 if you need further information.

Sincerely

Anthony Guadagnino
Registered Agent for Vista Cove of Orlando