

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN 23 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002025

1. Corporation Name

THE PORCHES OF ATKIN'S PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

425 WEST COLONIAL DRIVE
SUITE 301
ORLANDOP FL 32804

425 WEST COLONIAL DRIVE
SUITE 301
ORLANDOP FL 32804

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1998

5. FEI Number

59-3647545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ANDERSON, FRANK N JR.	425 WEST COLONIAL DRIVE SUITE 30	ORLANDOP FL 32804
STD	ANDERSON, MARY J	425 WEST COLONIAL DRIVE SUITE 30	ORLANDOP FL 32804
D	ANDERSON, JESSLYN A	425 WEST COLONIAL DRIVE SUITE 30	ORLANDOP FL 32804

REINSTATEMENT 99-001 TS

02/20/99 90083 045

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, FRANK N JR.
425 WEST COLONIAL DRIVE
SUITE 301
ORLANDOP FL 32804

Name

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

Suite, Apt. #, Etc.

City

300003330123-2

-07/20/00--01061--012

***236.25 State ***236.25

FL

CR2E040 (8/99)

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 6-14-00

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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-00

Date

Daytime Phone #

407
425-0330