

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002025

1. Corporation Name The Porches of Atkin's Place Homeowners
Association, Inc.

500036519295
05/17/04--01068--002 **420.00

REINSTATEMENT 01-04

2. Principal Office Address 215 North Eola Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 2809 Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32802	Country USA	Zip 32802-2809	Country USA

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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Robert F. Higgins	
Street Address (P.O. Box Number is Not Acceptable) 215 North Eola Drive	
Suite, Apt. #, Etc.	
City Orlando	State FL
Zip Code 32802	

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

Robert F. Higgins
REGISTERED AGENT MUST SIGN

Date 5/12/04

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
PD	Mary C. Higgins	827 Ellwood Avenue	Orlando, FL. 32804
SD	Sande Allen	1017 Atkins Place	Orlando, FL. 32804
TD	Gary Knock	833 Ellwood Avenue	Orlando, FL. 32804

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 19.07(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:

Mary C. Higgins MARY C. Higgins

407-418-6304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/22/04
Date Daytime Phone #