

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -6 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002093

1. Corporation Name

Magnolia Terrace H.O.A. of St. Cloud, Inc.

600057743146
7/21/05--01025--002 **236.25

REINSTATEMENT 2005

2. Principal Office Address

c/o AMB, 101 Park Place Blvd.

Suite, Apt. #, etc.

Suite 2

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

c/o AMB, 101 Park Place Blvd.

Suite, Apt. #, etc.

Suite 2

City & State

Kissimmee, FL

Zip

34741

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/10/98

5. FEI Number

510454363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Association Management Group of Central Florida, Inc.

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

101 Park Place Blvd.

Suite, Apt. #, Etc.

Suite 2

City

Kissimmee,

State
FL

Zip Code

34741

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

Leslie Ludean

Date

7/5/05

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	Adolfo Lopez	2210 Julianna Ct.	St. Cloud, FL 34769
V	Peter Ramirez	2209 Julianna Ct.	St. Cloud, FL 34769
ST	Domingo Felix	2212 Julianna Ct.	St. Cloud, FL 34769

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:

Orniz Lutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-05

Date

407-957-3763

Daytime Phone #

CR2E01 (01/05)