

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800121256568
03/25/08--01055--018 **358.75

CR2E081 (12/07)

DOCUMENT # N98000002409

1. Corporation Name

VISTAWILLA PLAZA B OWNERS' ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1491 EAST S.R. 434

Suite, Apt. #, etc.

UNIT 103

City & State

WINTER SPRINGS, FLORIDA

Zip

32708

Country

USA

3. Mailing Office Address

1491 EAST S.R. 434

Suite, Apt. #, etc.

UNIT 103

City & State

WINTER SPRINGS, FLORIDA

Zip

32708

Country

USA

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

04/24/1998

5. FEI Number

59-3598408

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

PATRICK K. RINKA

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

215 NORTH EOLA DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Patrick K. Rinka

Date **2/ /08**

PATRICK K. RINKA 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
DP	THOMAS J. CORKERY	1491 EAST S.R. 434, SUITE 103	WINTER SPRINGS, FL 32708
D	DAVID MCLEOD	1491 EAST S.R. 434, SUITE 103	WINTER SPRINGS, FL 32708
D	SCOTT SPIRES	278 MAIN ROAD	LAKE MARY, FLORIDA 32746

REINSTATEMENT

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 contained in Chapter 119, 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:

Thomas J. Corkery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. CORKERY, PRESIDENT

Date

3/3/08

Daytime Phone #

407 971 8857