

2362

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005112

1. Corporation Name

PHOENIX II HOMEOWNERS ASSOCIATION, INC.

99 OCT 28 AM 10:39

Principal Place of Business

Mailing Address

2435 HWY 27, NORTH  
DAVENPORT FL 33837

~~2435 HWY 27, NORTH  
DAVENPORT FL 33837~~



REINSTATEMENT 99

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/08/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		Applied For	
Country		Country		<input checked="" type="checkbox"/> Not Applicable	
		FL.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		Pakk		\$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
PD	KALOGRIDIS, MITCHELL	2435 HWY 27, NORTH	DAVENPORT FL 33837
D	KALOGRIDIS, MITCHELL D	2435 HWY 27, NORTH	DAVENPORT FL 33837
D	EMELIO, EVA	2435 HWY 27, NORTH	DAVENPORT FL 33837
			500003035335--8
			-11/04/99--01075--002
			***236.25 ***236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KALOGRIDIS, MITCHELL 2435 HWY 27, NORTH DAVENPORT FL 33837		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Mitchell Kalogridis Date: 10-25-99

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: Mitchell Kalogridis Date: 10-25-99 Daytime Phone #: 863-424-9216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)