

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005248

1. Corporation Name

DEAN CHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~71 EAST CHURCH STREET~~
~~ORLANDO, FL 32801~~

~~71 EAST CHURCH STREET~~
~~ORLANDO, FL 32801~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

p.o. box 677296
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 677296
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number

59-3560700

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32867-7296

Country

U.S.

Zip

32867-7296

Country

U.S.

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
PSD	HOLSTON, ROBERT	71 EAST CHURCH STREET	ORLANDO FL 32801
VPTD	JUNE, ROHLAND A II	71 EAST CHURCH STREET	ORLANDO FL 32801
TD	PRATT, JAMES R	369 NO. NEW YORK AVE., 3RD. FLOOR	WINTER PARK FL 32789
PD	Carlos Rodriguez	Dean Chase Blvd.	Orlando, FL 32825
VPD	Eddy Marcano	Dean Chase Blvd.	Orlando, FL 32825
TD	Ausberto V. Gonzalez	10030 Dean Chase Blvd.	Orlando, FL 32825

8. Name and Address of Current Registered Agent

~~PRATT, JAMES R~~
~~369 N. NEW YORK AVE., 3RD. FLOOR~~
~~WINTER PARK FL 32789~~

9. Name and Address of New Registered Agent

Name

Ausberto V. Gonzalez

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

10030 Dean Chase Blvd.

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32825

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

6-30-2003

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:

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

6-30-03

Date

407 245-0006 x 243

Daytime Phone #

CR2E040 (8/02)