

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002840**

1. Corporation Name

Brantley Point Homeowners Association, Inc.

2. Principal Office Address

2711 Hagen Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

Seminole

3. Mailing Office Address

2711 Hagen Ct.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

Seminole

800037432368

05/28/04--01049--013 **297.50

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3573678

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

Luisa G. Padilla

Street Address (P.O. Box Number is Not Acceptable)
2711 Hagen Ct.

Suite, Apt. #, Etc.

City

Longwood

State
FL

Zip Code

32779

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

Luisa G. Padilla

REGISTERED AGENT MUST SIGN

Date

5/13/04

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	Luisa G. Padilla	2711 Hagen Ct.	Longwood, FL 32779
SD	Taraza M. Jette	2871 Citron Dr.	Longwood, FL 32779
TD	James R. Fonner	1611 Kenlyn Dr.	Longwood, FL 32779

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:

Luisa G. Padilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/13/04

Daytime Phone #

(407) 415-2636

Luisa G. Padilla