

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 10 PM 12:16
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000077485

1. Corporation Name

Waterfront Square Owners Association, Inc.

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

1800 Pembrook Drive

Suite, Apt. #, etc.

Ste 350

City & State

Orlando

Zip

FL

Country

32810-6928

3. Mailing Office Address

1800 Pembrook Drive

Suite, Apt. #, etc.

Ste 350

City & State

Orlando

Zip

FL

Country

32810-6928

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
May 11, 2004

5. FEI Number

59-2600558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NAI Realvest / Dee Figliolia

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

1800 Pembrook Drive

Suite, Apt. #, Etc.

Ste 350

City

Orlando

State

FL

Zip Code

32810

700279943377
12/10/15--01032--007 **750.00

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

Dee M. Figliolia
REGISTERED AGENT MUST SIGN

Date 10/22/15

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
Pres	Melissa Sovran	211 E. Ruby Avenue	Kissimmee, FL 34741
V Pres	Charles B. Draper	200 E. Monument Avenue	Kissimmee, FL 34741
Tres	Joanne Turner	221-B E Ruby Avenue	Kissimmee, FL 34741

REINSTATEMENT

2015

10. E-mail Address: DFigliolia@realvest.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Melissa Sovran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #