

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

P98000079989

1. Corporation Name

Timeshares By Owner Of Longwood Inc.

Principal Place of Business

Mailing Address

280 C.R. 427 South
Suite 207
Longwood FL. 32750

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. Same

City & State Same

Zip Country Same

3. New Mailing Office Address, If Applicable

Suite, Apt. #, Etc. Same

City & State Same

Zip Country Same

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida	16/09/98	SP
5. FEI Number	59- 3534468	
6. CERTIFICATE OF STATUS DESIRED		<input checked="" type="checkbox"/> S8 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	President Jorge Munoz	16 Bayberry Br.	Casselberry FL. 32707
	Vice President Jay Taylor	855 Ballard Str. Apt. D	Altamonte Springs FL. 32701
	Secretary & Treasurer Sharon Munoz	16 Bayberry Br.	Casselberry FL. 32707
			400003065114--1 -12/09/99--01041--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

Jeffery W. Frantz Esq.
11900 Biscayne Blvd.
Suite 408
North Miami FL. 33181

9. Name and Address of New Registered Agent

Name
Sharon Munoz
Street Address (P.O. Box Number is Not Acceptable)
16 Bayberry Br.
Suite, Apt. #, Etc.
Suite 207
City
Casselberry
State
FL
Zip Code
32707

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

Sharon Munoz

REGISTERED AGENT MUST SIGN

Date

11/24/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Sharon Munoz

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #