

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Example*

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 21 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000679989**

1. Corporation Name

Timeshares By Owner of Longwood Inc.

900005139579--7
-03/21/02--01057--003
****908.75 ****908.75

2. Principal Office Address

684 S. HWY 17-92

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Longwood FL.

City & State

Zip **32750** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3534468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 28.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sharon Muñoz

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

851 Matlocks Ct.

Suite, Apt. #, Etc.

Casselberry FL. 32707

City

State
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Sharon Muñoz

REGISTERED AGENT MUST SIGN

Date **3/18/02**

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
P	Jorge Muñoz	851 Matlocks Ct.	Casselberry FL. 32707
T.S.	SHARON MUÑOZ	851 Matlocks Ct	Casselberry FL. 32707
VP	Keith O. López	851 Matlocks Ct	Casselberry FL. 32707

REINSTATEMENT 01-03-170

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)(f), 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 Muñoz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

Daytime Phone #

CR25061 (2/00)