

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 DEC 26 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 737880

1. Corporation Name

Bardley Woods Homeowners Assoc.,  
Inc.

2. Principal Office Address

417 Bardley Ave

Suite, Apt. #, etc.

City & State

Alta Spr., FL

Zip

Country

Seminole

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-21-77

SP

5. FEI Number

99-1751099

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

Diane Snyder

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

417 Bardley Ave

Suite, Apt. #, Etc.

Alta Spr. FL

City

Alta Spr. FL

State

FL

Zip Code

32701

700003524537-5

-01/05/01--01022--008

\*\*\*\*245.00 \*\*\*\*245.00

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

Diane Snyder

Date

12-20-00

REGISTERED AGENT MUST SIGN

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	Ron Hartle	405 Bardley Ave Alta	Alta Spr. FL 32701
VD	Bill Majewski	412 Broadview	Alta Spr. FL 32701
SD	Kathy Long	511 Arvern Ct	Alta Spr. FL 32701
TD	Diane Snyder	417 Bardley Ave	Alta Spr. FL 32701
D	Roger Stover	417 Bardley Ave	Alta Spr., FL 32701
D	Angela Lockheart	630 Mayfair Ave	Alta Spr., FL 32701

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:

Diane Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-00 (407) 834-3740

Daytime Phone #

CR2E081 (9/99)