PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED 96 NOV 20 PM 1:01

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746931

Corporation Name

MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address

REINSTATEMENT 84-96 11/21/96

DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
121 CROOKED TREE TRAIL	121 CROOKED TREE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FLORIDA	City & State: ST. AUGUSTINE, FLORIDA
Zip: 32086 Country: USA	Zip: 32086 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/27/79

5. FEI Number: 59-252-83-33 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P/D	STUART LANE	121 CROOKED TREE TRAIL	ST. AUGUSTINE, FLORIDA 32086
V/D	ALLAN REICHERT	121 CROOKED TREE TRAIL	ST. AUGUSTINE, FLORIDA 32086
T/D	CYDNEY GREENHALGH	121 CROOKED TREE TRAIL	ST. AUGUSTINE, FLORIDA 32086
S/D	EDWARD ALBANESI	121 CROOKED TREE TRAIL	ST. AUGUSTINE, FLA. 32086
	(SEE ATTACHED)		

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-11/22/96--01001--016
****971.25 ****971.25

8. Name and Address of Current Registered Agent

FRANK J. RIZZO
411 CAMELIA TRAIL
ST. AUGUSTINE, FLORIDA
32086

9. Name and Address of New Registered Agent

Name: DOBSON + BROWN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 66 CUNA STREET
Suite, Apt. #, Etc.: SUITE A
City: ST. AUGUSTINE State: FL Zip Code: 32084

CR2E040 (12/95)

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: [signature] for DOBSON + BROWN, P.A. Date: 11/18/96
REGISTERED AGENT MUST SIGN

11. *Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: [signature] 11-18-96 794-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(BLOCK 7 continued)

Title	NAME	STREET ADDRESS	CITY/STATE/ZIP
D	RHEA TICE	121 CROOKED TREE TRAIL	ST. AUGUSTINE, FLA. 32086
D	BOB CUFF	SAME	SAME
D	KEN HASTINGS	SAME	SAME
D	VIRGINIA STRATFORD	SAME	SAME
D	TOM SUBOCK	SAME	SAME