

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 753946

1. Corporation Name
Bloomingdale Homeowners Association, Inc.

Mailing Address Principal Place of Business

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

2. New Mailing Address, if Applicable
3244 Lithia Pinecrest Rd.
Suite, Apt. #, etc. Suite #103
City & State Valrico, Florida
Zip 33594 Country USA

3. New Principal Office Address, if Applicable
3244 Lithia Pinecrest Rd.
Suite, Apt. #, etc. Suite #103
City & State Valrico, Florida
Zip 33594 Country USA

FILED
97 MAY 19 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 8/26/80

5. FEI Number 59-2586385 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED (See 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
P/D	Randy Wolfe	1263 Lornewood Drive	Valrico, Florida 33594
D	Pat. Radcl	4002 Sweetleaf Drive	Brandon, Florida
D	Ted Grable	417 Van Reed Manor Drive	Brandon, Florida
D	Ann Underwood	1004 Cameo Crest Lane	Valrico, Florida
			300002190383--3 -05/23/97--01124--005 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

~~Handwritten name~~

9. Name and Address of New Registered Agent

Name Randolph J. Wolfe
Street Address (P.O. Box Number is Not Acceptable) One Tampa City Center
Suite, Apt. #, Etc. Suite 2100
City Tampa State FL Zip Code 33602

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.
Signature of Registered Agent Randolph J. Wolfe REGISTERED AGENT MUST SIGN Date 4/28/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. 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.)

3. 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: Randolph J. Wolfe 4/28/97 (813) 223-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randolph J. Wolfe, President Date Daytime Phone #

CR20040 (6/94)