

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 28 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766066

1. Corporation Name

Richwood Homeowners Association, Inc.

REINSTATEMENT 02-04

2. Principal Office Address

8332 Amber Oak Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32817

Country

USA

3. Mailing Office Address

P. O. Box 2180

Suite, Apt. #, etc.

City & State

Goldenrod, Florida

Zip

32733-2180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1982

5. FEI Number

59-2298544

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

Elaine Garceau

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

8332 Amber Oak Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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

Elaine Garceau

Date

6/25/04

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
Pres	John Garceau	8332 Amber Oak Dr.	Orlando, FL 32817
Sec	Patrick Martin	1503 Sugarwood Cr.	Winter Park, FL 32792
Trea	Elaine Garceau	8332 Amber Oak Dr.	Orlando, FL 32817

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:

Elaine Garceau, Treasurer 6/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-6202804

CR2E081 (01/04)