PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAR 12 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 770009

1. Corporation Name
IDLE FOREST HOMEOWNER'S ASSOC., INC.

Principal Place of Business
ALBERT CAZIN
5814 IDLE FOREST PL.
TAMPA, FL 33614

Mailing Address
ALBERT CAZIN
5814 IDLE FOREST PL.
TAMPA, FL 33614

REINSTATEMENT AD 88-97

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

2. New Principal Office Address, If Applicable
5818 IDLE FOREST PLACE
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33614 County: Hillsborough

3. New Mailing Office Address, If Applicable
PO BOX 151262
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33684 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida: 8/29/83

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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	JEFFREY WAGONER	5811 IDLE FOREST PL	TAMPA, FL 33614
V/D	GENE FRYE	5805 IDLE FOREST PL	TAMPA, FL 33614
S/D	BETTY ALVAREZ	5902 IDLE FOREST PL	TAMPA, FL 33614
T/D	BEN H. BRACY III	5818 IDLE FOREST PL	TAMPA, FL 33614

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8. Name and Address of Current Registered Agent
ALBERT CAZIN
5814 IDLE FOREST PLACE
TAMPA, FL 33614

9. Name and Address of New Registered Agent
Name: BEN H. BRACY III
Street Address (P.O. Box Number is Not Acceptable): 5818 IDLE FOREST PLACE
Suite, Apt. #, Etc.
City: TAMPA State: FL Zip Code: 33614

CR2E040 (12/96)

10. 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 _____ Date 3/8/97
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.)

12. 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: _____ 3/8/97 813-244-6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #