

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Ref. Number N01237

1. Corporation Name

ASCOT Heath HOMEOWNERS assoc.
Betty Meadows, Treas.
4411 N. W. 79th Terrace Rd.
Ocala, Florida 34482

REINSTATEMENT 09-10

400173153304
03/25/10--01039--004 **122.50

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

4411 N. W. 79th Ter. Rd.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala

Florida

Zip

Country

Zip

Country

34482

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Betty Meadows

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

4411 N. W. 79th Ter. Rd.

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code

34482

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Betty Meadows, Treas.
REGISTERED AGENT MUST SIGN

Date 3/23/2010

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.	Ron Audi	4480 N. W. 79th Ter. Rd.	Ocala, Fla. 34482
V.Pres.	Rick Memmoli	4517 N.W. 79th Ter. Rd.	Ocala, Fla. 34482
Sec.	Mary Boucher	4411 N. W. 79th Ter. Rd.	Ocala, Fla. 34482
Treas.	Betty Meadows	4411 N. W. 79th Ter. Rd.	Ocala, Fla. 34482

RC 3/26

10. E-mail Address: No E. Mail

(To be used for future annual report notification)

11. 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. I further certify, 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:

Betty Meadows, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2010 352-732-4312
Date Daytime Phone #