


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

00 JUL -3 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **NO1981**

1. Corporation Name
Settler's Springs Homeowners' Association, Inc.

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		P.O. Box 38293	
City & State		Tallahassee FL	
Zip	Country	Zip	Country
		32315	

REINSTATEMENT **91-00**

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 **BRUCE SCREWS** **388883321643-0**

Street Address (P.O. Box Number is Not Acceptable) **2731 TETON TRAIL** **-07/13/00--01006--016**

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32303**

****787.50 ****787.50

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 **Bruce Screws** Date **7-3-00**

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
PD	BRUCE SCREWS	2731 TETON TRAIL	Tallahassee, FL 32303
VPD	TERRY COOPER	2891 TETON TRAIL	Tallahassee, FL 32303
SD	LIVETRA PAUL	2998 SETTLERS BLVD	Tallahassee, FL 32303
TD	LIVETRA PAUL	2998 SETTLERS BLVD	Tallahassee, FL 32303
			LS

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: **Bruce Screws** **BRUCE SCREWS** **7-3-00** **576-6847**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)