

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 PM 1:12

DOCUMENT # N 0200000543

1. Corporation Name

RIDGE POINTE COVE HOMEOWNERS
ASSOCIATION, INC.

400167113804
02/03/10--01033--004 **70.00

400167113804
01/25/10--01054--021 **122.50

CR2E081 (11/09)

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

1012 Ridge Pointe Cove

Suite, Apt. #, etc.

3. Mailing Office Address

1012 Ridge Pointe Cove

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

(1/22/2002)

4/22/2002

5. FEI Number

061645994

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

Michael Dimperio

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

1012 Ridge Pointe Cove

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

REGISTERED AGENT MUST SIGN

Date 1/22/10

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.	Michael Dimperio	1012 Ridge Pointe Cove	Longwood, FL 32750
Treasurer	Deborah Day	1016 Ridge Pointe Cove	Longwood, FL 32750
Secretary	Mauveen Moxley	1036 Ridge Pointe Cove	Longwood, FL 32750

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10. E-mail Address: dimperiom@yahoo.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/10

Date

407-361-2304

Daytime Phone #