

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008307

**1. Corporation Name**

Northton Grove Homeowners Association, Inc  
P.O. Box 2157  
3974 Tampa Road

**2. Principal Office Address**

3974 Tampa Road

**3. Mailing Office Address**

Suite, Apt., #, etc.

B

Suite, Apt., #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 9/25/03**

**5. FEI Number**  
20-0927926

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2004**

**7. Name and Address of Current Registered Agent**

Name  
Jack B. Hanson

Address (P.O. Box Number is Not Acceptable)  
3974 Tampa Road

Suite, Apt., #, Etc.  
Suite B

City  
Oldsmar

State  
FL

Zip Code  
34677

**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

Jack B. Hanson

Date 11/7/04

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
D	Tom Sandridge	4505 Woodland Corporate Blvd Ste200	Tampa, FL 33614
D	Steve Ebersberger	4505 Woodland Corporate Blvd Ste200	Tampa, FL 33614
D	Carol Kanuer	4505 Woodland Corporate Blvd Ste200	Tampa, FL 33614

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/04

Daytime Phone #

813 602-2998

CF2E081 (01/04)