

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

04 SEP -1 AM 10:28

DOCUMENT # N0547

**1. Corporation Name**

The Dogwood/Holly Association, Inc.

855 Orchids Springs Dr.  
855 Orchids Springs Dr

**2. Principal Office Address**

855 Orchids Springs Dr.

Suite, Apt. #, etc.

**City & State**

Winter Haven, FL

**Zip**

33884

**Country**

USA

**3. Mailing Office Address**

855 Orchids Springs Dr

Suite, Apt. #, etc.

**City & State**

Winter Haven, FL

**Zip**

33884

**Country**

USA

REINSTATEMENT

01-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

592454850

**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**

Michele Rawlins

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

855 Orchid Springs Drive

Suite, Apt. #, Etc.

**City**

Winter Haven

500040702285  
09/01/04-01002-002 \*\*428.75  
State Zip Code  
FL 33884

**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

Michele Rawlins

Date 8/27/04

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
DP	Barbara Johnson	845 Orchid Springs Dr	Winter Haven, FL 33884
SD	Eileen Newell	859 Orchid Springs Dr	Winter Haven, FL 33884
TD	Michele Rawlins	855 Orchid Springs Dr	Winter Haven, FL 33884

**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:**

Michele Rawlins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04

Date

803-534-5630

Daytime Phone #

CR2E081 (01/04)