

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -4 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000009240

1. Corporation Name

Southchase Homeowners Association, Inc.

REINSTATEMENT 07-09

900155468169
05/05/09--01042--006 **183.75
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
730 Creative Drive

3. Mailing Office Address
P O Box 7328

Suite, Apt. #, etc.
7

Suite, Apt. #, etc.

City & State
Lakeland FL

City & State
Lakeland FL

Zip Country
33813 USA

Zip Country
33807-7328 USA

4. Date Incorporated or Qualified
To Do Business in Florida 9/29/06

5. FEI Number
20-5378130

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
M. Paul Dimbath

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

Suite, Apt. #, Etc.
7

City
Lakeland

State Zip Code
FL 33713

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 4/30/09

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 |
|--------|--------------------------------------|---|--------------------|
| P | M. Paul Dimbath | 1414 Longoak Dr N | Lakeland FL 33811 |
| V | Steven B. Wade | 1708 Pineberry Ct | Lakeland FL 33803 |
| S/T | Paula B. Dimbath | 1414 Longoak Dr N | Lakeland FL 33811 |
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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 contained in Chapter 119, 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

M. Paul Dimbath

4/30/09

863 646-9336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/11