

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC -2 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08597**

1. Corporation Name

LONGWOOD RUN SUBDIVISION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6056 MARELLA DR
SARASOTA FL 34243
US

6056 MARELLA DR
SARASOTA FL 34243
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/08/1985

5. FEI Number

59-2965934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *99*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVPT	BARNHILL, BOBBY	4551 SAN SIRO DR	SARASOTA FL 34235
D	MILLER, DOUGLAS	6056 MARELLA DR	SARASOTA FL 34243
DP	SUSAN MILLER	6056 MARELLA DR.	SARASOTA FL 34243

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, SUSAN J
6056 MARELLA DR
SARASOTA FL 34243

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Susan J Miller

REGISTERED AGENT MUST SIGN

Date

10/20/99

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 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:

Susan J Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99

Daytime Phone #

KE