

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 APR 30 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N14832*

1. Corporation Name

FOX CHASE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1228 BRIDLEBROOK DR  
CASSELBERRY FL 32707  
US

Mailing Address

SANDRA M HUFF, RA  
PO BOX 180476  
CASSELBERRY FL 32718-0476

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  
1986

5. FEI Number  
59-2655247

Applied For

Not Applicable

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

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 (Do NOT Use Post Office Box Numbers)	200002169482--0 05/07/97--01066--003 ****542.50 ****542.50
PD	JACKS, BRUCE 4248 REYNARD COURT OVIEDO FL	4248 REYNARD COURT	OVIEDO, FL 32765
VPD	CHARNOKY, MIKE	2125 MARTINGALE PLACE	OVIEDO, FL 32765
VPD	BOXER, HYLAN	2130 MARTINGALE PLACE	OVIEDO, FL 32765
VPD	BOARDMAN, MARK	2170 KIMBERWICKE CIRCLE	OVIEDO, FL 32765
S/TD	STEWART, STEVE	2185 MARTINGALE PLACE	OVIEDO, FL 32765

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
HUFF, SANDRA M.  
Street Address (P.O. Box Number is Not Acceptable)  
1228 BRIDLEBROOK DR  
Suite, Apt. #, Etc.  
City  
CASSELBERRY FL 32707  
State  
FL  
Zip Code  
32707

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Sandra M Huff*

REGISTERED AGENT MUST SIGN

Date

4/25/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

*STEVEN STEWART*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/97 4073669350

CR2E040 (12/96)