

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

08 NOV -5 AM 11:05

DOCUMENT # N14855

1. Corporation Name

Quail Run Homeowners' Association of Citrus
County, Inc.

06-08 B 11/06/08

2. Principal Office Address - No P.O. Box #
1490 E. Redpoll Terrace

3. Mailing Office Address
P O Box 267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hernando, Florida

City & State
Holder, Florida

Zip Country
34442 Citrus

Zip Country
34445 Citrus

4. Date Incorporated or Qualified
To Do Business in Florida 5/9/1986

5. FEI Number
592805081

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
William Rossfeld

Street Address (P.O. Box Number is Not Acceptable)
1249 E. Silver Thorn Loop

Suite, Apt. #, Etc.

City
Hernando

State Zip Code
FL 34442

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

William Rossfeld
REGISTERED AGENT MUST SIGN

Date 11/03/08

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
PD	William Rossfeld	1249 E. Silver Thorn Loop	Hernando, Florida 34442
VPD	Edgar Stern	1325 E. Bluebird Court	Hernando, Florida 34442
TD	Donald Meyer	7120 N. Grackle Point	Hernando, Florida 34442
SD	Kathleen Meyer	7120 N. Grackle Point	Hernando, Florida 34442
ATD	Glen Hall	1186 E. Bluebird Court	Hernando, Florida 34442

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 *William Rossfeld* William Rossfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/08 352-465-6420
Date Daytime Phone #