

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 NOV 21 AM 8:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N18090**

1. Corporation Name
THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O FRANK BREAUX **C/O FRANK BREAUX**
3237 COPPER RIDGE CIRCLE **3237 COPPER RIDGE CIRCLE**
CANTONMENT FL 32533 **CANTONMENT FL 32533**

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



REINSTATEMENT 02

| | | | | | |
|---|-----------------------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable <i>Gail C Rappa</i> | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 12/05/1986 | |
| Suite, Apt. #, etc. <i>3213 Copper Ridge Cir</i> | | Suite, Apt. #, etc. | | 5. FEI Number 59-2953016 | |
| City & State <i>Cantonment, FL</i> | | City & State | | Applied For Not Applicable | |
| Zip <i>32533</i> | Country <i>USA</i> | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 | 4 City / State / Zip |
|------------|---|--|---|
| PD | BREAUX, FRANK <i>HIRAM HOOD</i> | 3237 COPPER RIDGE CIRCL <i>3260 Windmill Cir</i> | CANTONMENT FL 32533 |
| VD | HOOD, HIRAM <i>Amanda Robinson</i> | 3260 WINDMILL CIRCLE <i>3200</i> | CANTONMENT FL 32533 |
| TD | RAPPA, GAIL | 3213 COPPER RIDGE CIRCLE | CANTONMENT FL 32533 |
| | | | 800009150358 11/21/02--01066--019 **236.25 |

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent TAYLOR, GERALD H <i>HIRAM HOOD</i> 3244 WINDMILL CIRCLE <i>3260 Windmill Cir</i> CANTONMENT FL 32533 <i>Cantonment FL 32533</i> | | 9. Name and Address of New Registered Agent Name <i>GAIL T Rappa</i> Street Address (P.O. Box Number is Not Acceptable) <i>3213 Copper Ridge Cir</i> Suite, Apt. #, Etc. City <i>Cantonment</i> State FL Zip Code <i>32533</i> | |
|---|--|---|--|

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. or 617.0505, F.S.

Signature of Registered Agent *Gail T Rappa* **SIGNATURE REQUIRED** Date *11-16-02*
 REGISTERED AGENT MUST SIGN

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: *Gail T Rappa* **SIGNATURE REQUIRED** *GAIL T Rappa* Date *11-16-02* Daytime Phone # *(850) 484-6714*

CR2E040 (8/02)