

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



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

FILED

96 DEC 30 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000154

1 Corporation Name

Barritz Village Association, INC.

Principal Place of Business

Mailing Address

4104 W. Linebaugh Ave  
Ste 201  
Tampa, FL 33624

SAME

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 Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 1993-  
1-3-97 DO NOT WRITE IN THIS SPACE  
956

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3171749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee Required for 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)	4 City / State / Zip
PD	Tim Mobley	4104 W. Linebaugh Ave Ste 201	Tampa, FL 33624
VD	Ann Mobley	4104 W. Linebaugh Ave Ste 201	Tampa, FL 33624
SD	Maureen Mobley	4104 W. Linebaugh Ave Ste 201	Tampa, FL 33624

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-01/07/97--01063--031  
\*\*\*\*420.00 \*\*\*\*420.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Tim Mobley  
4104 W. Linebaugh Ave  
Ste 201  
Tampa, FL 33624

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 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/16/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Signature]

Timothy F. Mobley

Date 12/16/96 Daytime Phone # (813) 9313372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 (1/95)