

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

03 AUG 20 AM 8:00

DOCUMENT #

N93000003053

1. Corporation Name

Emerald Creek Homeowner's Association of
Hillsborough County, Inc.

2. Principal Office Address

1006 Emerald Creek Drive

3. Mailing Office Address

1006 Emerald Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL

City & State

Valrico, FL

Zip

33594

Country

USA

Zip

33594

Country

USA

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/9/1993

5. FEI Number

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

John W. Ross

Street Address (P.O. Box Number is Not Acceptable)

1006 Emerald Creek Drive

Suite, Apt. #, Etc.

City

Valrico

State
FL

Zip Code

33594

100022453051

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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

John W Ross
REGISTERED AGENT MUST SIGN

Date

8/15/03

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
P	Patrick Miller	1018 Emerald Creek Drive	Valrico, FL 33594
V	Calvin Lyons	1008 Emerald Creek Drive	Valrico, FL 33594
S	Leroy Ayers	1005 Emerald Creek Drive	Valrico, FL 33594
T	John Ross	1006 Emerald Creek Drive	Valrico, FL 33594

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 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:

John W Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

(813) 685-7558

Daytime Phone #

CR2001 (10/02)