

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **N94000003007**

1. Corporation Name  
**ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 11421 P.O. BOX 11421  
 PENSACOLA FL 32524-1421 PENSACOLA FL 32524-1421

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

99 MAY -7 01 5:30  
 TALLAHASSEE, FLORIDA  
 600002882946-7  
 -05/21/99--01099--009  
 \*\*\*297 50 \*\*\*297 50  
**REINSTATEMENT 98-99**

4. Date Incorporated or Qualified To Do Business in Florida **05/18/1994**

5. FEI Number **59-3243027** 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)	4 City / State / Zip
P	DYER, JOANN	6059 SONGBIRD DR	PENSACOLA FL
VP	BELL, LEROY	125 REDBREAST LANE	PENSACOLA FL
S	SEELMANN, SARAH	116 REDBREAST LANE	PENSACOLA FL
T	GREENWOOD, THOAMS M.	6055 SONGBIRD DR	PENSACOLA FL
D	COULTER, ELIZABETH	6060 SONGBIRD DR	PENSACOLA FL
D	DAVIS, ANDRE	6020 SONGBIRD DR	PENSACOLA FL

8. Name and Address of Current Registered Agent

**GREENWOOD, THOMAS M.**  
**6055 SONGBIRD DR**  
**PENSACOLA FL 32503**

9. Name and Address of New Registered Agent

Name **THOMAS M GREENWOOD**  
 Street Address (P. O. Box Number is Not Acceptable)  
 Suite, Apt., #  
 City **PENSACOLA** 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 **Thomas M Greenwood** Date **4-15-99**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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: **Thomas M Greenwood** Date **4-15-99** (850)484-6434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/98)