PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 23 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004401

1. Corporation Name
The Forest of Countryway Homeowners Assoc. Inc.

Principal Place of Business
8117 Pond Shadow Lane
Tampa, Fl. 33635

Mailing Address
W99-7476

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

REINSTATEMENT ae 99 4/23/99

4. Date Incorporated or Qualified To Do Business in Florida: September 14, 1995

5. FEI Number: 59-3348605 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D	Stryjewski, Tom	8116 Pond Shadow Ln.	Tampa, Fl. 33635
V.P.D	Moore, Roxanne	8117 Pond Shadow Ln.	Tampa, Fl. 33635
S/T.D	Sundstrom, Diana	8118 Pond Shadow Ln.	Tampa, Fl 33635

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****420.00 ****420.00

8. Name and Address of Current Registered Agent
Jay Zschau
911 Chestnut Street
Clearwater, Fl. 34616

9. Name and Address of New Registered Agent
Name: Roxanne Moore
Street Address (P.O. Box Number is Not Acceptable): 8117 Pond Shadow Lane
Suite, Apt. #, Etc:
City: Tampa | State: FL | Zip Code: 33635

CR2E081 (12/98)

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: Roxanne Moore
REGISTERED AGENT MUST SIGN
Date: 3-17-99

11. This corporation owes 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: Roxanne Moore — 3-17-99 — 813-854-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #