

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 NOV 17 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9500000 4711

1. Corporation Name
EMERALD ACRES HOMEOWNERS Assoc. Inc.

Principal Place of Business
~~431~~

Mailing Address
431 Waverly Rd
Tallahassee FL 32312

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

2. New Principal Office Address, if Applicable
431 Waverly Road
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
SAME
Suite, Apt. #, etc.

City & State
Tallahassee Florida

City & State

Zip
32312

Country
USA

REINSTATEMENT **OB09**

4. Date Incorporated or Qualified To Do Business in Florida
1995

5. FEI Number
59-3553912

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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	Isaac Robinson	2650 Topaz Way	Tallahassee FL 32308
STD	John Rohan	8740 Oyal Drive	Tallahassee FL 32308
VPD	Anthony Spivey	2653 Topaz Way	Tallahassee FL 32308

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12/06/89-01102-008
****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Dan Lee Isaacs

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32312

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 11/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) **KE**

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: *[Signature]* 11/15/99 561-2943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)