

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Katherine J. ...  
 Secretary of State  
 DIVISION OF CORPORATIONS

**97-99AR**

FILED

JUN 11 AM 9:56

DOCUMENT # **N95000005571**

1. Corporation Name

**Las Brisas Homeowners' Association of Franklin County, Inc.**

Principal Place of Business

Mailing Address

**3110 Capital Circle, N.E.  
 Tallahassee, FL 32308**

**100002905141--3**  
 -06/15/99 -01060--017  
 \*\*\*\*358.75 \*\*\*\*358.75

**REINSTATEMENT 97-99**

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

4. Date Incorporated or Qualified To Do Business in Florida

**11/27/95**

5. FEI Number

**59-3352409**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 Pres	2 <b>Dennis O. Boyle Officer &amp; Director</b>	3 <b>3110 Capital Circle N.E.</b>	4 <b>Tallahassee, FL 32308</b>
VP, Sec, Treas!	<b>David E. Wilder Officer &amp; Director</b>	<b>3110 Capital Circle N.E.</b>	<b>Tallahassee, FL 32308</b>
	<b>W. H. Lane Director</b>	<b>3110 Capital Circle N.E.</b>	<b>Tallahassee, FL 32308</b>

8. Name and Address of Current Registered Agent

**Ben Watkins  
 41 Commerce Street  
 Apalachicola, FL 32320**

9. Name and Address of New Registered Agent

Name  
**Dennis O. Boyle**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3110 Capital Circle, N.E.**  
 Suite, Apt. #, Etc

City  
**Tallahassee**

State Zip Code  
**FL 32308**

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

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date **6/10/99**

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 607.04(1) or 617.04(1), F.S., that all taxes 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)(c), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAVID E. WILDER VP**

*[Handwritten Date]* **6/10/99** **850-297-6086**  
 Date Daytime Phone #

CR2E08112/98