

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # N98000000552

1. Corporation Name  
BRIAR PATCH ESTATES HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business Mailing Address  
RR 2 BOX 1004 FT. WHITE FL 32038 US



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  
4. Date Incorporated or Qualified To Do Business in Florida 01/28/1998  
5. FEI Number 59-3530739  
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	City / State / Zip
D	JOHNSON, LEE	RR 2 BOX 1004	FT. WHITE FL 32038
D	BIEGNER, NORMAN	RR 2 BOX 1007	FORT WHITE FL 32038
D	LARSEN, ERIC	RR 2 BOX 1002	FT. WHITE FL 32038

8. Name and Address of Current Registered Agent  
JOHNSON, LEE  
RR 2 BOX 1004 FT. WHITE FL 32038  
489 SW Uncle Remus Glen

9. Name and Address of New Registered Agent  
Name: Lee Johnson  
Street Address (P.O. Box Number is Not Acceptable): 489 Uncle Remus Glen  
City: Ft White, State: FL, Zip Code: 32038

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. or 617.0505, F.S.  
Signature of Registered Agent: [Signature] SIGNATURE REQUIRED  
Date: 10-23-02  
REGISTERED AGENT MUST SIGN

11. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 10-23-02 386-719-8877  
Daytime Phone #

CR2E040 (8/02)

**Briar Patch Estates Homeowner's  
Association, Inc.  
489 SW Uncle Remus Glen  
Ft. White, FL. 32038  
1-386-497-1844**

October 23, 2002

To Whom It May Concern:

Enclosed please find our application for reinstatement and a check in the amount of \$61.25. + \$8.75 for Cert. of Status.

I spoke with an agent at your office today and explained that I did not receive any prior notices regarding our filing. We remain at the same physical location that our notice was mailed to last year but our Post Office has changed our physical address from RR 2 Box 1004 to 498 SW Uncle Remus Glen. We have had a very difficult time with our mail since March 2002.

I have only filed this report once before and since our organization only meets once a year, this was not something that was foremost on my mind.

I apologize for any inconvenience this may have caused and appreciate your assistance in reinstating our organization to an 'active' status.

If you should need any further information, please do not hesitate to contact me. I can be reached at 386-719-8877 during daytime hours and 386-497-1844 during the evening.

Thank you for your time.

Sincerely,



Lee Johnson  
Briar Patch Estates Homeowners Association, Inc.