

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 PM 2:10

DOCUMENT # *N98000000703*

1. Corporation Name

*Paremore Community
Homeowners' Association, Inc.*

2. Principal Office Address

6504 NO. Meridian Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

6736 North Meridian Rd.
Suite, Apt. #, etc.

City & State

Tallahassee, Fla. Tallahassee, Fla.

Zip
32312

Country

Zip
32312

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-27-99

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kerleen J. D. Wilson

Street Address (P.O. Box Number is Not Acceptable)
6736 North Meridian Rd.

Suite, Apt. #, Etc.

200018022042
05/05/03--01110--001 **245.00

City
Tallahassee

State
FL

Zip Code
32312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Kerleen J. D. Wilson

REGISTERED AGENT MUST SIGN

Date
5-5-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>William Foutz (Rev)</i>	<i>6504 NO. Meridian Rd.</i>	<i>Tallahassee, Fla 32311</i>
V. Pres.	<i>Rev. Roosevelt Henderson</i>	<i>200 China Doll Dr.</i>	<i>Tallahassee, Fla 32312</i>
Sec.	<i>Kerleen J. D. Wilson</i>	<i>6736 NO. Meridian Rd</i>	<i>Tallahassee, Fla. 32311</i>
Treas.	<i>Willis Dickey</i>	<i>9015 NO. Meridian Rd.</i>	<i>Tallahassee, Fla 32312</i>
Dir.	<i>Lucian Wilson Jr</i>	<i>6736 NO. Meridian Rd</i>	<i>Tallahassee, Fla 32312</i>

10. 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: *Kerleen J. D. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
5-5-2003

Daytime Phone #
850-893-2374

CR2E081 (10/02)

5/5/03

May 4, 2009 ²
6736 NO. Meridian Ln
Jalapa, Fla
32310

To Whom it may concern:

The Paremore Community Homeowners Association Inc., would like to inform you all that a notice was never received concerning the Paremore Community Association Inc. I decided to check the Department at that time I found the Paremore Community Association was not Active.

This concerns me because no one notified me with this information. I would greatly appreciate if you would give us a chance by waving the late fees, being that there were no notices received for the year 2008. Thank you for your attention on this matter

Sincerely,
Heleen G. J. Wilson.
Secretary / Registered Agent
at law