

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N99000006755**

1. Corporation Name

HERRING PLACE OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

318 N. MONROE ST.
TALLAHASSEE FL 32302

318 N. MONROE ST.
TALLAHASSEE FL 32302



REINSTATEMENT **00**

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

1960 CARP LN
Suite, Apt. #, etc.

1960 CARP LN
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1999

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip **32303** Country

Zip **32303** Country

5. FEI Number

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GREEN, HAROLD "BUD"	4411 KENSINGTON RD.	TALLAHASSEE FL 32303
D	JACKSON, BARBARA J	1984 CARP LN.	TALLAHASSEE FL 32303
D	HARRIS, WYOMIA	1956 CARP LN.	TALLAHASSEE FL 32303
D	MCCARTHY, CRAIG	2802 SAIL CT.	TALLAHASSEE FL 32303
D	WHITLOW, MAJOR	3012 THOMAS RD.	TALLAHASSEE FL 32312

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****245.00 ****245.00

8. Name and Address of Current Registered Agent

DAWS, SONYA K
318 N. MONROE ST.
TALLAHASSEE FL 32302

9. Name and Address of New Registered Agent

Name **KEV LAMBERT**
Street Address (P.O. Box Number is Not Acceptable)
1960 CARP LN
Suite, Apt. #, Etc.
City **TALLAHASSEE** State **FL** Zip Code **32303**

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]
CERTIFICATE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/2/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/2009

Daytime Phone #

385-1570

CR2E040 (8/00)