

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N95000004401**

1. Corporation Name  
**The Forest of Countryway Homeowners Assor. Inc.**

Principal Place of Business Mailing Address  
**8117 Pond Shadow Lane Tampa, Fl. 33635**  
**W99-7476**

FILED  
99 APR 23 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

96-99  
780  
4/23/99

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		4 Date Incorporated or Qualified To Do Business in Florida	September 14, 1998
Suite, Apt. #, etc	City & State	Suite, Apt. #, etc	City & State	5 FEI Number	59-3348605
Zip	Country	Zip	Country	6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 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
P.D	Stryjewski, Tom	8116 Pond Shadow Ln.	Tampa, Fl. 33635
V.P.D	Moore, Roxanne	8117 Pond Shadow Ln.	Tampa, Fl. 33635
S.P.D	Sundstrom, Diana	8118 Pond Shadow Ln.	Tampa, Fl. 33635

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-04/30/99--01138--010  
\*\*\*\*420.00 \*\*\*\*420.00

8. Name and Address of Current Registered Agent

Jay Zschau  
911 Chestnut Street  
Clearwater, Fl. 34616

9. Name and Address of New Registered Agent

Name: **Roxanne Moore**  
Street Address (P.O. Box Number is Not Acceptable): **8117 Pond Shadow Lane**  
Suite, Apt. #, Etc:  
City: **Tampa** State: **FL** Zip Code: **33635**

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: **Roxanne Moore**  
REGISTERED AGENT MUST SIGN

Date: **3-17-99**

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 607.0401 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roxanne Moore**

Date: **3-17-99** Daytime Phone # **854-1232**

CR2E08 (1/98)