

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

95-2001

APPROVED  
AND  
FILED

01 APR 16 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **N94000003003**

**1. Corporation Name**

**Timber Ridge Home Owners Association  
of Tallahassee, Inc.**

**2. Principal Office Address**

**4544 Amber Valley Dr.**  
Suite, Apt. #, etc.

**3. Mailing Office Address**

**Same**  
Suite, Apt. #, etc.

**City & State**

**Tallahassee FL**

**Zip**

**32312**

**Country**

**Leon**

**City & State**

**Zip**

**Country**

**REINSTATEMENT 95-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**6-17-94**

**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**

**Carol M. Cooper**

**600004077666-2**

**Street Address (P.O. Box Number is Not Acceptable)**

**4544 Amber Valley Drive**

**04/25/01-01066-012**

**\*\*\*\*\*603.75 \*\*\*\*\*603.75**

**Suite, Apt. #, Etc.**

**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**

**Carol M. Cooper**  
REGISTERED AGENT MUST SIGN

**Date 4-16-01**

**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.	Sidney V. Cooper	4544 Amber Valley Dr.	Tallahassee, FL 32312
Veep.	Wayne Tate	4409 Amber Valley Dr.	" "
Sec.	Glen Pourciau	4354 Amber Valley Dr.	" "
Treas.	Carol M. Cooper	4544 Amber Valley Dr.	" "

**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:**

**Carol M. Cooper**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-01**

**Date**

**(850) 668-1133**

**Daytime Phone #**

CR2081 (9/00)