

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 17 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 753946

**1. Corporation Name**

Bloomington Homeowners Association, Inc.

**2. Principal Office Address**

3509 Bell Shoals Rd.

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

US

**3. Mailing Office Address**

3509 Bell Shoals Rd.

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

US

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

8/26/1980

**5. FEI Number**

592586385

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

Joseph M. Liguori

800004746308--0

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

3509 Bell Shoals Rd.

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

**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

REGISTERED AGENT MUST SIGN

Date 13 DEC 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	Ted Grable	4316 Glendon Pl.	Valrico, FL 33594
VP	Len Jaszczak	2113 Golf Manor Dr.	Valrico, FL 33594
TR	Pam Liguori	1522 Dumont Dr.	Valrico, FL 33594
DR	Rodney Biddle	4024 Eagles Nest Dr.	Valrico, FL 33594
DR	Tony Diolosa	1902 River Crossing Dr.	Valrico, FL 33594
DR	Joe Hickie	1405 Monte Lake Dr.	Valrico, FL 33594
DR	Taya Newberry	2438 Siena Way	Valrico, FL 33594
DR	Pat Radel	4002 Sweetleaf Dr.	Brandon, FL 33511

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela C. Liguori  
Treasurer

Date

12/13/01

Daytime Phone #

(813) 681-2051

CR2E081 (9/00)