

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49832

1. Corporation Name
FALLBROOK AT LAWSBROOK
HOMEOWNERS ASSOCIATION INC

2. Principal Office Address
3974 TAMPA ROAD

Suite, Apt. #, etc.
SUITE B

3. Mailing Office Address
PO BOX 2157

Suite, Apt. #, etc.

City & State
OLDSMAR FL

City & State
OLDSMAR FL

Zip
34677

Country
USA

Zip
34677

Country
USA

700008659837
10/29/02--01053--008 **297.50

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida 7/13/1992

5. FEI Number
59-3179020

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
JACK B. HANSON

Street Address (P.O. Box Number is Not Acceptable)
3974 TAMPA ROAD #B

Suite, Apt. #, Etc.

City
OLDSMAR

State
FL

Zip Code
34677

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 10/7/02

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
PD	RHOADS, PHYLLIS	4934 KYLEMORE CT.	PALM HARBOR FL
SD	MENDESIAH, CHERYL	4688 TOWNORTH DR.	PALM HARBOR FL
TD	HATTON, DON	4706 TOWNORTH DR	PALM HARBOR FL
VPD	NASH, MIKE	4455 FALLBROOK BL	PALM HARBOR FL
D	PETERKIN, RON	4463 FALLBROOK BL	PALM HARBOR FL

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

10/7/02 27-787-3461

Date

Daytime Phone #

CR2E081 (9/01)

11/4/02