

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 23 AM 10:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13985

1. Corporation Name

Dunnellon Square Resident Assoc. Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

20451 Powell Rd.

Suite, Apt. #, etc.

City & State

Dunnellon, FL 34431

City & State

Zip

34431

Country

Zip

Country

REINSTATEMENT 11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 3/21/1986

5. FEI Number

59-2734289

☐ 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

Arthur L. Andrews

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

20451 Powell Rd.

Suite, Apt. #, Etc.,

Lot 125

City

Dunnellon

State

FL

Zip Code

34431

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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

Arthur L. Andrews

Date *Mar. 20, 2012*

REGISTERED AGENT MUST SIGN

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
P	ARTHUR L. ANDREWS	20451 POWELL Rd. LOT 125	DUNNELLOn, FL. 34431
V	HAL RENNER	20451 POWELL Rd. LOT 55	DUNNELLOn, FL. 34431
2V	SUE PLUMMER	20451 POWELL Rd. LOT 14	DUNNELLOn, FL. 34431
S	ANITA PELOQUIN	20451 POWELL Rd. LOT 82	DUNNELLOn, FL. 34431
T	HELEN PARK	20451 POWELL Rd. LOT 77	DUNNELLOn, FL. 34431
D	LARRY HINDERLITER	20451 POWELL Rd. LOT 91	DUNNELLOn, FL. 34431

10. E-mail Address: *DOCNJDIE@ATT.NET*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *ARTHUR L. ANDREWS - P*

Arthur L. Andrews

3/20/12

352-489-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #