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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 13 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000006075

1. Corporation Name

FOXBROOK HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address

17503 Howling Wolf Run

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Parrish, Florida

City & State

Zip

34219

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1999

5. FEI Number

65-0989866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600020790066
06/11/03--01083--007 **122.50

7. Name and Address of Current Registered Agent

Name

LESLIE WELLS

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

17503 Howling Wolf Run

Suite, Apt. #, Etc.

City

Parrish

State

FL

Zip Code

34219

8. I, the undersigned, 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

Leslie Wells

Date

5/23/03

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
D	WELLS, LESLIE	17503 Howling Wolf Run	Parrish, Florida 34219
D	CHRISTIE, KATHERINE	6604 Riverview Blvd. West	Bradenton, Florida 34209
D	GIGLIOTTI, JOSEPH	10504 US HWY 41 North	Palmetto, Florida 34221

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:

Leslie Wells

LESLIE WELLS

Date

5/23/03

Daytime Phone #

941-776-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

HOLLAND & KNIGHT LLP

Bradenton Financial Center
1401 Manatee Avenue West, Suite 1200
P.O. Box 1866 (ZIP 34206-1866)
Bradenton, Florida 34205-6702

941-748-7076
FAX 941-747-9774
www.hklaw.com

May 23, 2003

Secretary of State
Reinstatement Division
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Tyrone

Re: **FOXBROOK HOMEOWNERS' ASSOCIATION, INC.**
FEIN 65-0989866

Dear Tyrone:

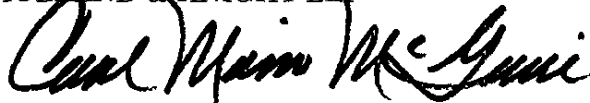
Enclosed please find an original Application for Reinstatement for the above corporation. We filed an Uniform Business Report (Annual Report) in 2001. From information recently obtained by your office, it was learned that our FEIN was listed incorrectly on the 2001 Annual Report. Due to a data base error, we did not receive notification of the incorrect FEIN listing, neither did we receive the 2002 and 2003 Uniform Business Reports forms.

We are requesting that late fees for 2002 and 2003 be waived due to the wrong information entered into your data base. I am enclosing our check in the amount of \$122.50 to cover the filing fees for these two (2) years.

If you should have any questions, or if you determine the fees will not be waived, please contact my office immediately. Thank you in advance for your prompt attention and cooperation to this matter

Very truly yours,

HOLLAND & KNIGHT LLP



Carol A. Masio McGuire

CAM/kjd
Enclosure

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Annapolis	Northern Virginia
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Rio de Janeiro	* Representative Office

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