

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 16 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

JFF 000001854

1. Corporation Name

Richmond Heights Neighborhood Assoc.

100021629221
07/17/03--01069--003 **21.25

2. Principal Office Address

4482 Wheatly St.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32811

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

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

Lauretha Fudge

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

4482 Wheatly Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

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

Lauretha Fudge
REGISTERED AGENT MUST SIGN

Date

7-11-03

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	Lauretha Fudge	4482 Wheatley St.	Orlando, FL 32811
VP	Lucious Conway	1933 Williams Manor	Orlando, FL 32811
Sec	Brenda Wright	4467 Wheatley	Orlando, FL 32811
Tres	Richard Huntley	4427 Cepeda St.	Orlando, FL 32811
Chap.	James Lawrence	4044 Ford St.	Orlando, FL 32811

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

Lauretha Fudge

Date

Daytime Phone #

7-11-03 (407) 425 8224