

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -3 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738689

1. Corporation Name

RUSTIC HILLS PHASE III PROPERTY
OWNERS ASSOCIATION, INC.

2. Principal Office Address

3337 SW BESSEY CREEK TRAIL

Suite, Apt. #, etc.

PALM CITY, FLORIDA

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/75

5. FEI Number

59-2209759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip
34990

Country
USA

Zip
Country

7. Name and Address of Current Registered Agent

Name

JANE CORNETT

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

401 E. OSCEOLA ST.

Suite, Apt. #, Etc.

FIRST FLOOR

City

STUART

State
FL

Zip Code

34994

000011993220
02/07/03-01000-002 **13.25

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

2-5-03

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
D PRES	DAN WHITE	3337 SW BESSEY CREEK TR	PALM CITY, FL 34990
D SEC	SCOTT ARRIGHI	3700 SW WOODCREEK TR	PALM CITY, FL 34990
D PRES	ELAINE INFUSO	3540 SW WOODCREEK TR	PALM CITY, FL 34990
D DIR	JULIE NIELSON	3327 SW BESSEY CREEK TR	PALM CITY, FL 34990

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]

2/4/03

772 221 7720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

JS 3/3

RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATION

4 February, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sirs:

The Property Owners of Rustic Hills Estates Phase II would like to request a waiver of penalties regarding the expiration of our Corporation. The 2002 form was sent to a former homeowner who has subsequently moved. The form, for whatever reason, was not forwarded to the Board for payment.

Attached please find our reinstatement form and payment of \$122.50, as directed by your office by phone call on 2/4/03 plus \$8.75 (for Certificate of Status).

We appreciate your understanding in this matter.

Sincerely,



Dan G. White
President