

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 19 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739816**

1. Corporation Name

**FOX RIDGE HOMEOWNERS
AND CIVIC ASSOCIATION, INC.**

~~W08600028492~~

2. Principal Office Address (No P.O. Box #)

300 CROOKED RIDGE CT

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box # 65815
ORANGE PARK, FL 32065**

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32065

Country

USA

Zip

32065

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-2-1977

5. FEI Number

592575310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOHN E. KADEL

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

300 CROOKED RIDGE CT

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32065

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

SEE ATTACHED SHEET

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

John E. Kadel
REGISTERED AGENT MUST SIGN

Date

6-8-2008

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	PRESCOTT, SHON	2530 BOTTOM RIDGE DR	ORANGE PARK, FL 32065
V	MIDGETT, ROBERT	189 FOX RIDGE RD	ORANGE PARK, FL 32065
S	SNYDER, JUDY	2620 BOTTOM RIDGE DR	ORANGE PARK, FL 32065
T	KADEL, JOHN	300 CROOKED RIDGE CT	ORANGE PARK, FL 32065

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 contained in Chapter 119, 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:

JOHN E. KADEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-2008

Date

(904)

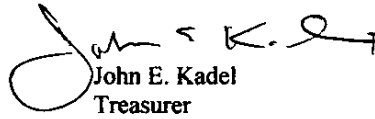
272-1435

Daytime Phone #

FILED

Request that the reinstatement fee be waived: The prior Treasurer of the Corporation stated that he never received the notices necessary. This may have been caused by the change in P.O. Box number at that time from P.O. Box 52 to P.O. Box 65815 due to the creation of a New Post Office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


John E. Kadel
Treasurer