

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740048

1. Corporation Name

COLUMBIA HOME ASSOCIATION, INC.

Principal Place of Business

Mailing Address

550 S. U.S. HIGHWAY 41
P. O. BOX 745
INVERNESS FL 34451

550 S. U.S. HIGHWAY 41
P. O. BOX 745
INVERNESS FL 34451

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1977

5. FEI Number

59-1843236

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	State 4
P	Benjamin T. Kwasney	807 Lanark Court	INVERNESS FL 34450
T	Joseph Goulant	5369 S. Stoneridge Dr	INVERNESS FL 34450
V	John Ruebler	6818 E. Hayden Lane	INVERNESS FL 34452
S	Edward Rogalla	5740 S. Calgary Tennis	INVERNESS FL 34452
D	Eugene Russo	2028 S. Jean St.	INVERNESS FL 34450
D	Andrew Farpy	1388 E. Triple Crown	Hernando FL 34442
D	John Gers	809 Magnolia Ave	INVERNESS FL 34452

8. Name and Address of Current Registered Agent

REPH, CLINTON A
8813 E SANDPIPER DR
INVERNESS FL 34450

9. Name and Address of New Registered Agent

Name

Benjamin T. Kwasney

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

807 Lanark Court

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34450

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Benjamin T. Kwasney
REGISTERED AGENT MUST SIGN

Date

1-14-00

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., 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.

KE

SIGNATURE:

Benjamin T. Kwasney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-00 (352) 344-1355
Daytime Phone #