

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # 743747**

1. Corporation Name

**FOX FIRE WEST HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable  
**4946 HUBNER CIRCLE**

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

Zip

**34241**

Country

**USA**

3. New Mailing Office Address, If Applicable

**46 N. WASHINGTON BLVD.**

Suite, Apt. #, etc.

**#1**

City & State

**SARASOTA FL**

Zip

**34236**

Country

**USA**

**REINSTATEMENT 97-991**

4. Date Incorporated or Qualified To Do Business in Florida  
**07/28/78**

5. FEI Number

**59-2651738**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	CARPER, KERRY	4946 HUBNER CIRCLE	SARASOTA FL 34241
VP/D	STOTTLEMYER, SCOTT	4822 HOYER DRIVE	SARASOTA FL 34241
S/D	POPIELINSKI, JIM	4871 HOYER DRIVE	SARASOTA FL 34241
T/D	ROTHE, PHIL	4950 HUBNER CIRCLE	SARASOTA FL 34241

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>PATTERSON, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD.,</b> Suite, Apt. #, Etc. <b>#1</b> City <b>SARASOTA</b>		State <b>FL</b>	Zip Code <b>34236</b>
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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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

**2/26/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax)

12. 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 27.0401 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 9.07(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

**KERRY CARPER, President**

Date

Daytime Phone #

CP2E081 (12/98)