

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP 19 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747240

1. Corporation Name

SPANISH OAKS HOMEOWNERS
ASSOCIATION INC.

2. Principal Office Address - No P.O. Box #

1903 HIGHVIEW DR.

3. Mailing Office Address

PO BOX 1102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34683

Country

U.S.A.

Zip

34682

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1979

5. FEI Number

59-2088271

☐ 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

George Ann Bissett

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

1910 FOREST VIEW DR.

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

400239789644
09/19/12--01021--004 **236.25

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

9/11/12

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	George Ann Bissett	1910 Forest View Dr.	Palm Harbor, FL 34683
VP	Geneva Baumann	933 Winding Oaks Dr.	Palm Harbor, FL 34683
S	Nancy Huns	964 Woodland Drive	Palm Harbor, FL 34683
T	John Walsh	1903 Highview Dr.	Palm Harbor, FL 34683
			S. HAWKES
			SEP - 2012

10. E-mail Address:

g.bissett@yahoo.com

(To be used for future annual report notification)

EXAMINED

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

George Ann Bissett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/12

Daytime Phone #

36-6943