PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT -9 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748393

1. Corporation Name
Phoenix Subdivision Owners Association, Inc.

Principal Place of Business

Mailing Address
P.O Box 142433
Gainesville, Fl. 32614

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

REINSTATEMENT 9798

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
P.O. Box 142433
Suite, Apt. #, etc.
City & State Gainesville Fl.
Zip 32614 | Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1977490 | 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Jose G. Perez	3931 SE 13 Terrace	Gainesville, Fl 32641
D	Maribel R. Perez	3931 SE 13 Terrace	Gainesville Fl. 32641
D	Kareth Sanders	2630 NW 43rd St #3 #3 floor	Gainesville Fl. 32641
T	Lorry Ciesla	204 W University ave	Gainesville, Fl. 32601

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8. Name and Address of Current Registered Agent
Barbara Vineyard
2633 NW 43rd St. B100
Gainesville, Fl. 32606
U.S.

9. Name and Address of New Registered Agent
Name Jose G. Perez
Street Address (P.O. Box Number is Not Acceptable)
3931 SE 13 Terrace
Suite, Apt. #, Etc.
City Gainesville | State FL | Zip Code 32641

CR2E040 (1-98)

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 Jose G. Perez
REGISTERED AGENT MUST SIGN
Date 9/28/98

11. This corporation owes or has paid 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 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: Maribel R. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-98 (352) 338-0102
Date Daytime Phone #