

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 10 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754728

(4)

1. Corporation Name

SPRING CREEK VILLAGE HOMEOWNERS' ASSOCIATION INC.

2. Principal Office Address

3591 FOWLER STREET

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33901

Country

USA

3. Mailing Office Address

P. O. BOX 6966

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33911

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1980

5. FEI Number

53-1314736

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

ALLAN E. FOX

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

3591 FOWLER STREET

Suite, Apt. #, Etc.

City

FORT MYERS

State
FL

Zip Code
33901

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 DECEMBER 6, 2002

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
PD	THOMAS R CRONIN	1910 VIRGINA AVENUE	FORT MYERS, FL 33901
STD	WALTCHACK, DENNIS	5800 PARK ROAD	FORT MYERS, FL
D	TROJAN, ERICA E.	100 CARDINAL DRIVE	NORTH FORT MYERS, FL 33917

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DECEMBER 6, 2002 239-936-8888

Date

Daytime Phone #

CR2EDRT (9/91)