

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **758656**

1. Corporation Name  
**BUCK LAKE WOODS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 15845 N/A TALLAHASSEE FL 32317 US	Mailing Address P. O. BOX 15845 N/A TALLAHASSEE FL 32317 US
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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

**FILED**  
 97 MAY -5 PM 2:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** 96497

4. Date Incorporated or Qualified To Do Business in Florida **06/05/1981** mwb

5. FEI Number **NOT APPLICABLE** 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	STARNES, RICHARD	1381 YEARLING TRAIL	TALLAHASSEE FL
TD	SHANAGHAN, BARBARA	1530 CANADIAN GEESE TRAIL	TALLAHASSEE FL
SD	PEREZ, TRACY	1261 YEARLING TRAIL	TALLAHASSEE FL
D	ADAMS, ALLEN	1154 ANTLER DR	TALLAHASSEE FL
D	BRYANT, HOWELL	1512 YEARLING TRAIL	TALLAHASSEE FL

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 -05/08/97--01140--003  
 \*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

**STARNES, RICHARD**  
 1381 YEARLING TRAIL  
 TALLAHASSEE FL 32311

9. Name and Address of New Registered Agent

Name **Shanaghan, Barbara**  
 Street Address (P.O. Box Number is Not Acceptable) **1530 Canadian Geese Trail**  
 Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32311**

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 **Barbara Shanaghan** Date **10/28/96**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 to 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: **Barbara Shanaghan** Date **10/28/96** Daytime Phone # **942-2727**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)