

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 19 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 75 8656

1. Corporation Name

Buck Lake Woods Property owners
Association, Inc.

2. Principal Office Address

P.O. Box 15845
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 15845
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip Country
32317 US

Zip Country
32317 US

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1981

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. Name and Address of Current Registered Agent

Name

Bryant Howell

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

1512 Yearling Trail

9000003307959-2
-06/28/00--01070--076
***297.50 ***297.50

Suite, Apt. #, Etc.

City

Tallahassee

State Zip Code
FL 32311

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

Bryant Howell

Date 5-17-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

LS

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Howell, Bryant	1512 Yearling Tr.	Tallahassee, FL
TD	Shanaghan, Barbara	1530 Canadian Geese Tr.	Tallahassee, FL
SD	Kempton, Renee	1501 Yearling Tr.	Tallahassee, FL
V.P.D.	Beall, Charles	1586 Yearling Tr.	Tallahassee, FL.
AD	Heath, Nedra	1078 Antler Dr.	Tallahassee, FL.

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: Bryant Howell BRYANT HOWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-00
Date

850-878-9717
Daytime Phone #