

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 SEP 29 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762256

**1. Corporation Name**

River Ranch Property Owners Assn. Inc

**2. Principal Office Address**

18550 County Rd #630 East  
Suite, Apt. #, etc.

**3. Mailing Office Address**

2034 High Glen Ct. N.  
Suite, Apt. #, etc.

**City & State**

Lake Wales Fl.

**City & State**

Lakeland Fl. 33813

**Zip**

33853

**Country**

FLK

**Zip**

33813

**Country**

FLK

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3-02-82

**5. FEI Number**

59164728

**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**

Vic Loyaile

200003423642-0

-10/12/00-01104-012

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

2034 High Glen Ct. N.

**Suite, Apt. #, Etc.**

**City**

Lakeland

**State**

FL

**Zip Code**

33813

**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**

*[Signature]*

**Date**

8-29-00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Dawson, Bud	18550 County Rd 630 East	Lake Wales Fl 33853
D	Abbott, James M.	18550 County Road 630 East	Lake Wales Fl 33853
D	Robinson, Ray	18550 County Road 630 East	Lake Wales, Fl 33853
D	Tyer, John	18550 "County Road 630 East	Lake Wales, Fl 33853
D	Tyer, John David	18550 "County Road 630 East	Lake Wales, Fl 33853
T	Loyaile, Vic	2034 High Glen Ct. N.	Lakeland Fl. 33813

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00

Date

813-690-6427

Daytime Phone #

DR2E081 (9/99)