

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *gy 1052*

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **765682**

1. Corporation Name

SHADYWOODS HOMEOWNER'S ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

4404 BRIGHT DR
TALLAHASSEE FL 32303

4404 BRIGHT DR
TALLAHASSEE FL 32303

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

5888 Bright Dr

Tallahassee, FL

32303

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1982

5. FEI Number

59-2561519

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 3	City / State / Zip 4
P	NUTTER, JOHN	4404 BRIGHT DRIVE	TALLAHASSEE, FL 00000 32303
VP	NOLTEC, FRANK	4444 BRIGHT DRIVE	TALLAHASSEE FL
ST	GREEN, MELVA J	4440 BRIGHT DRIV	TALLAHASSEE FL 32303
D	FLANNAGAN, VICKY	4403 BRIGHT DRIVE	TALLAHASSEE FL
D	MOODY, JOY	4407 BRIGHT DR.	TALLAHASSEE FL
D	RUSSO, VINCE	4400 BRIGHT CT	TALLAHASSE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUTTER, JOHN
4404 BRIGHT DRIVE
TALLAHASSEE FL 32303

Name

Lanette S. Burton

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

5888 Bright Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Lanette S. Burton

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **5-4-03**

11. 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:

Lanette S. Burton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


5-4-03 (850) 562-4758

Date

Daytime Phone #

CR2040 (8/00)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 20 82

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # 765682

1. Corporation Name
SHADYWOODS HOMEOWNER'S ASSOCIATION
OF TALLAHASSEE, INC.

2. Principal Office Address
5888 Bright Ct

Suite, Apt. #, etc.

City & State
Tallahassee FL

Zip
32303

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 11/05/1982

5. FEI Number
590-254519

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
Burton, Lanette

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

5888 Bright Ct

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32303

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 *Lanette S. Burton*

REGISTERED AGENT MUST SIGN

Date 5-4-03

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
P	O'NEAL, Andrew	5885 Bright Ct	Talh, FL 32303
V	NOLTEE, Frank	4444 Bright dr.	Talh, FL 32303
T	Kottman, Kendra	4401 Bright dr.	Talh, FL 32303
T	Burton, Lanette	5888 Bright Ct.	Talh, FL 32303
S	Iadicicco, Rachel	4412 Bright dr.	Talh, FL 32303
D	CONE, Carl	5889 Bright Ct.	Talh, FL 32303

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)(f), 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:

Lanette S. Burton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-03

Date

Daytime Phone #

CR2001 (10/02)