

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

16 FEB -8 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765684

1. Corporation Name

Arrowhead Citizens Association

2. Principal Office Address - No P.O. Box #

6828 E. Turkey Trail

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Hernando Florida

City & State

Zip

34442

Country

Citrus

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 8TH 1982

5. FEI Number

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
Sammye Johnson

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

6525 E. Werner Ct

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

400281905164
02/08/16--01006--003 **358.75

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

Sammye Johnson

Date 1-29-2016

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
P	JOHN FRICOT	7230 E. CHANNEL DR	HERNANDO - FL 34442
S	BEV CHAGOYA	6399 E. SIOUX CHANNEL DR	HERNANDO - FL 34442
V	SAMMYE JOHNSON	6525 E. WERNER CT.	HERNANDO - FL 34442
T	SARAH MORLOCK	6094 E. FOREST TRAIL	HERNANDO FL 34442

10. E-mail Address: RIVERSAMI@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sammye Johnson SAMMYE JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2016 352-637-4335

Date

Daytime Phone