

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 26 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768035

1. Corporation Name

Timberlane Owners Association  
Inc.

2. Principal Office Address

5300 NW 38<sup>th</sup> Pl

Suite, Apt. #, etc.

3. Mailing Office Address

5300 NW 38<sup>th</sup> Pl

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

Zip

32606

Country

USA

City & State

Gainesville, Fl.

Zip

32606

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2414600

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

Stan Bonett

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

5634 NW 38<sup>th</sup> Pl.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

Stanley Bonett

REGISTERED AGENT MUST SIGN

Date Aug 25 2003

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	Stan Bonett	5634 NW 38 <sup>th</sup> Pl	Gainesville, Fl. 32606
VP	Ron McVicar	3501 NW 53 <sup>rd</sup> Terr	Gainesville, Fl 32606
Sec/ Treas.	Nancy Hartley	5506 NW 38 <sup>th</sup> Pl	Gainesville, Fl 32606
D	Lucy Griffin	5402 NW 38 <sup>th</sup> Pl	Gainesville, Fl 32606
D	Pat Stowell	5328 NW 38 <sup>th</sup> Pl	Gainesville, Fl 32606
D	Bill Dishman	3622 NW 53 <sup>rd</sup> Terr	Gainesville, Fl 32606

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.

Nancy Hartley

SIGNATURE:

Nancy Hartley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03 (352) 378-7923

Date

Daytime Phone #

CR2503 (10/02)

7/8/26