

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 21 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769214

1. Corporation Name

THE COUNTRY PLACE
HOMEOWNERS' ASSOCIATION, INC

REINSTATEMENT 06-07

700112506397

11/21/07--016220810407 **122.50 Wop

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

113 COUNTRY PLACE

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32217

Country

US

3. Mailing Office Address

113 COUNTRY PLACE

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32217

Country

US

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

N/A

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

ANN M. KIMMONS

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

106 COUNTRY PLACE

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32211

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ann M. Kimmons

Date 11/19/07

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
PRES	JOHN BROTT	111 COUNTRY PLACE	SANFORD, FL 32211
VP	TODD FLYNN	104 COUNTRY PLACE	SANFORD, FL 32211
SEC/TREAS	ANN KIMMONS	106 COUNTRY PLACE	SANFORD, FL 32211

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 contained in Chapter 119, 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:

Ann M. Kimmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/07

Date

408 324 1565

Daytime Phone #