

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUL 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770962

1. Corporation Name

RAIN TREE II AT HIDDEN VALLEY
HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

3222 RAIN VALLEY CIRCLE
TALLAHASSEE FLORIDA
32308

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

REINSTATEMENT

5. FEI Number

59-3509753 (EIN)

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES. D	SCOTT SCHNEEGENBURGER	3222 RAIN VALLEY CIRCLE	TALLAHASSEE FLORIDA 32308
V.P. D	TAMMY BAUGHMAN	3249 RAIN VALLEY CT	TALLAHASSEE FLORIDA 32308
SEC. D	COLLEEN CHAMBERS	3242 RAIN VALLEY CT	TALLAHASSEE FLORIDA 32308
SEC. D	PATRICIA PEGG	3244 RAIN VALLEY CT	TALLAHASSEE FLORIDA 32308

8. Name and Address of Current Registered Agent

SCOTT SCHNEEGENBURGER
3222 RAIN VALLEY CIRCLE
TALLAHASSEE FLORIDA 32308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

9000002600749-3

-07/28/98--01072--017

***1041.25 State ***1041.25

FL Zip Code

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

SCOTT SCHNEEGENBURGER
REGISTERED AGENT MUST SIGN

Date July 23, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SCOTT SCHNEEGENBURGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 1998
Date

942-2281
Daytime Phone #

CR2E040 (1/98)