

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 10 PM 2:09

DOCUMENT # 770962

1. Corporation Name

RAIN TREE II AT HIDDEN VALLEY HOMEOWNERS' ASSOCIATION

2. Principal Office Address

~~1948 RAIN VALLEY COURT~~

Suite, Apt. #, etc.

P.O. Box 16215

City & State

TALLAHASSEE, FL

Zip ~~32308~~

Country

LEON

3. Mailing Office Address

~~1948 RAIN VALLEY COURT~~

Suite, Apt. #, etc.

P.O. Box 16215

City & State

TALLAHASSEE, FL

Zip ~~32308~~

Country

LEON

REINSTATEMENT

60-04

100034544191

04/29/04--01013--025 **446.25

0312104 01049 015 \$ 35.00

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

10/27/1983

5. FEI Number

593509753

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

ALAN LEWIS

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

1948 RAIN VALLEY COURT

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

A. Lewis

Date

4/26/2004

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/D	LEE NETTLES	3049 RAIN VALLEY CIRCLE	TALLAHASSEE FL 32308
V/D	BECKY BOWEN	3013 12015 RAIN VALLEY CIRCLE	TALLAHASSEE FL 32308
T/D	DEANE JOHNSON	1975 RAIN VALLEY COURT	TALLAHASSEE FL 32308
S/D	ALAN LEWIS	1948 RAIN VALLEY COURT	Tallahassee, FL 32308

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.

SIGNATURE:

A. Lewis

ALAN LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004

Date

850-487-6756

Daytime Phone #

CR2E081 (10/02)