

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JUL 30 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700002256497--8  
-08/04/97--01103--007  
\*\*\*\*358.75 \*\*\*\*358.75

DOCUMENT # 771107

1. Corporation Name

LA VIVA HOMEOWNERS ASSN

Principal Place of Business

Mailing Address

BRANDON, FL.

W97-110283

REINSTATEMENT 95-99

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

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

59-2363464

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	William Geho	709 DORADO CT.	BRANDON, FL. 33511
V/D	Jerry Gomm	718 Loma Linda Ct.	" " "
S/D	DORIS S. SCATES	716 DORADO CT.	" " "
T/D	John Heffernon	710 Loma Linda Ct.	" " "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

William H. Geho

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

709 DORADO CT.

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

W.H. Geho

REGISTERED AGENT MUST SIGN

Date

7/8/97

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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:

W.H. Geho

WILLIAM H. GEHO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/8/97

Daytime Phone #

(813) 681-1254

CR2E040 (12/96)