

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004246

1. Corporation Name

SUMMERVILLE AT HUNTER'S CREEK, INC.

Principal Place of Business

Mailing Address

5285 SHAWNEE RD., STE 401
ALEXANDRIA VA 22312-2328

5285 SHAWNEE RD., STE 401
ALEXANDRIA VA 22312-2328



REINSTATEMENT

2000

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2117680

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	City/State/Zip
1	2	3	4
PTD	RAGLAND, RUSSELL D	5285 SHAWNEE RD., STE 401	ALEXANDRIA VA
GSD	HEIMBOLD, ARTHUR	5285 SHAWNEE RD., STE 401	ALEXANDRIA VA
C	Heimbold, Arthur	3000 Executive Parkway, STE 530	San Ramon, CA 94583
P/CEO	Cobb, Granger	3000 Executive Parkway, STE 530	San Ramon, CA 94583
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVE., STE 200
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

By: Roxanne D. D'Amico, CRP, Secy of HQ

Date 11/1/00

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

Daytime Phone #

CR2E040 (8/00)