

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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05 JUN 20 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H72431**

1. Corporation Name

Blueberry Hills of Lake Sante Fe, Inc.

2. Principal Office Address

3624 NW 97 Blvd.

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

Zip

32606

Country

USA

3. Mailing Office Address

3624 NW 97 Blvd.

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

Zip

32606

Country

USA

REINSTATEMENT

Handwritten: 86-15

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

03/08/2005

5. FEI Number

20-2429677

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

THOMAS C DORN

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

3624 NW 97 Blvd

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code
32606

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

Handwritten signature of Thomas C. Dorn

Date

06/15/2005

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	Thomas C. Dorn	3624 NW 97 Blvd	Gainesville/Fl/32606

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06/28/05-01040-006 **3076.25

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)(l), 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

Handwritten signature of Thomas C. Dorn

Date

06/15/2005

Daytime Phone #

352-332-9112

Thomas C. Dorn

CR2E081 (01/05)