

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Roberts MAY

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 26 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004254

1. Corporation Name

Old Town Redding Homeowners Association, Inc.

2. Principal Office Address

4660 Old Berkley Road

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-05
3/28/01 90216 003 6625

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Frank Gene Kniffin

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

4660 Old Berkley Road

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

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05/10/05--01082--017 ***420.00

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

See below

Date 4/19/05

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
PTD	Frank Gene Kniffin	4660 Old Berkley Road	Auburndale, FL 33823
VSD	William W.-Moore, Jr.	100 South Court	Auburndale, FL 33823
D	James T. Joiner	101 Lochen Drive, S.E.	Winter Haven, FL 33884

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:

Frank Gene Kniffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05

Date Daytime Phone #

CP2E081 (01/05)