

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004281

1. Corporation Name

South Ranch NP Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

4600 Forbes Trail

Suite, Apt. #, etc.

City & State

Venice, FL

Zip
34292

Country
USA

3. Mailing Office Address

4600 Forbes Trail

Suite, Apt. #, etc.

City & State

Venice, FL

Zip
34292

Country
USA

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2000

5. FEI Number

651019224

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

Joel Traub

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

4600 Forbes Trail

Suite, Apt. #, Etc.

City
Venice

State
FL

Zip Code
34292

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joel Traub

Date 9/21/2007

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	Tom Noble	5462 Colonial Oaks Blvd	Sarasota, FL 34232
V/D	Joseph Schemenauer	249 Capri Ave	Venice, FL 34293
S/D	Dione Metnick	4250 Forbes Trail	Venice, FL 34292
T/D	Joel Traub	4600 Forbes Trail	Venice, FL 34292
	<i>\$792</i>		

700110011157
09/27/07--01026--002 **315.00

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 contained in Chapter 119, 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:

Joel Traub

Joel Traub, Treasurer

9/21/2007

941-223-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #