

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT # **N00912**

1. Corporation Name

The Millwood Terrace Owners Association, Inc.

98 AUG 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3388 Indian Hills Drive
Pace, Florida 32571

3388 Indian Hills Drive
Pace, Florida 32571

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-09/01/98--01088--003
***306.25 ***306.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3388 Indian Hills Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3388 Indian Hills Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/84

City & State
Pace, Florida

City & State
Pace, Florida

Zip Country
32571 U.S.A.

Zip Country
32571 U.S.A.

5. FEI Number

59-2428940

Applied For

Not Applicable

6.

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
Pres.	Christos Rallis	3388 Indian Hills Drive	Pace, Florida 32571
V. Sec.	Visitacion Rallis	3388 Indian Hills Drive	Pace, Florida 32571
Dir.	Matilda Hernandez	3388 Indian Hills Drive	Pace, Florida 32571

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Christos Rallis

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

3388 Indian Hills Drive

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32571

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

REGISTERED AGENT MUST SIGN

Date

8/12/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/98

850-9942767