

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB -3 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N01000001106

**1. Corporation Name**

Try-Mor Mobile Home Owners Association, Inc.

**2. Principal Office Address**

5624 14th St. West

Suite, Apt. #, etc.

Lot 15

City & State

Bradenton, FL 34207

Zip

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 02-04

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

02/15/2001

**5. FEI Number**

20-0609968

☒ 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

John Peterson

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

5624 14th Street West, Lot 15

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34207

**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

*John Peterson*

REGISTERED AGENT MUST SIGN

Date 01/20/04

**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	John Peterson	5624 14th Street West	Bradenton, FL 34207
VP-D	Owen Woolsey	5624 14th Street West	Bradenton, FL 34207
S-D	Diane Stone	5624 14th Street West	Bradenton, FL 34207
D	Rebecca J. Phillips	5624 14th Street West	Bradenton, FL 34207

**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:**

*John Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

Date

(941) 727-0444

Daytime Phone #

CR2ED81 (10/02)